## P01000111105

•				
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PICK-UP WAIT MAIL				
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09/22/08--01026--024 \*\*35.00

DIVISION OF CORPORATIONS

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(10 9) 25/08

## **COVER LETTER**

TQ:	Amendment Section Division of Corporations				
SURTE	CT:_ EAS South, Inc.				
SCHOL	(Name of	Corporation)			
DOCUN	MENT NUMBER: P07000111705				
The enc	losed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please re	eturn all correspondence concerning this matt	ter to the following:			
		he / Christine Nichols			
	(Name of C	Contact Person)			
	Hooner	Hathaway PC			
	Hooper Hathaway, P.C. (Firm/Company)				
126 S. Main Street					
	· (Ac	ldress)			
Ann Arbor, MI 48104					
(City/State and Zip Code)					
For furtl	her information concerning this matter, please	e call:			
James	R. Beuche / Christine Nichols	at (734 ) 662-4426			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclose	d is a \$35.00 check made payable to the Depa	artment of State.			
	Mailing Address: Amendment Section	Street Address:			
	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organization.		_		
in order to change its registered office or registere				
1. The name of the corporation: EAS South, Inc.				
2. The principal office address: 7998 SE Hempstead,	Hobe Sound, FL 33455			
3. The mailing address (if different): 209 S. 4th Avenue	, Suite 1C, Ann Arbor, MI 48104	+		
4. Date of incorporation/qualification: 10/10/2007	Document number: <u>P07000111705</u>			
5. The name and street address of the current registered age Florida Department of State:	ent and registered office on file with the			
InCorp Services, Inc.				
17888 67th Court North				
Loxahatchee, FL 33455		SIAID		
Loxahatchee, FL 33455  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Cleston E. Shaffran  7998 SE Hempstead  (P.O. Box NOT acceptable)				
Cleston E. Shaffran		2 3		
7998 SE Hempstead		RETARY OF BORFATIONS		
(P.O. Box NOT acceptable)		5		
Hobe Sound, FL 33455				
The street address of its registered office and the street ac as changed will be identical.	ldress of the business office of its registered agen	i <b>t,</b>		
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so fied in writing of the change.			
	Edward A. Shaffran, President			
(Signature of an officer or director)  I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	(Printed or typed name and title) agree to act in this capacity. es relative to the proper and complete performan ation of my position as registered agent. Or, if th registered office address, I hereby confirm that th	ce us ne		
Control Shaffare (Signature of Begistered Agent)	9/17/08	•		
If signing on behalf of an entity:	,,			
(Typed or Printed Name)				
* * * FILING FEE	D: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314