P07000120907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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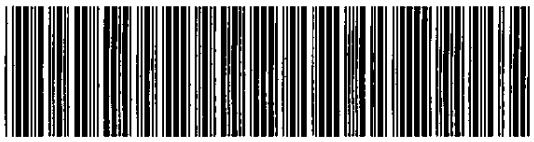

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10 MAR 11 PM 2:28

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@ 3/11/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Infixx Management Corp
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Garman
Name of Contact Person

Infixx Management Corp
Firm/Company

6615 W. Boynton Beach Blvd. #172
Address

Boynton Beach, FL 33437
City/State and Zip Code

tgarman@infixxmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Garman at (561) 756-1157
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Infixx Management Corp
2. The principal office address: 6615 W. Boynton Beach Blvd. #172, Boynton Beach, FL 33437
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/06/207 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Tim Garman

~~4440 PGA Blvd. Suite 000~~ 300 S. Australian Ave 1508

~~Palm Beach Gardens, FL 33410~~ West Palm Beach FL 33401

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tim Garman

6615 W. Boynton Beach Blvd. #172

P.O. Box NOT acceptable

Boynton Beach, FL 33437

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lauren Lapon — Signature of an officer or director

Lauren Lapon, Director — Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

02/15/2010 — Date

If signing on behalf of an entity:

Tim Garman — Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

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

CR2E045 (8/05)