

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000015815

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** EXACT CHANGE MANAGEMENT, INC.

**Current Principal Place of Business:**

1072 LEEDA DRIVE  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

1072 LEEDA DRIVE  
JACKSONVILLE, FL 32254 US

**New Mailing Address:**

**FEI Number:** 26-1987996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SAUNDERS, SIDNEY  
1072 LEEDA DRIVE  
JACKSONVILLE, FL 32254 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** BOBBIE S SAUNDERS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SAUNDERS, SIDNEY  
**Address:** 1072 LEEDA DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32254 US

**Title:** VP  
**Name:** SAUNDERS, BOBBIE  
**Address:** 1072 LEEDA DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32254 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BOBBIE S SAUNDERS

VP

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date