P08000028537

NO Return Adduss (Requestor's Name)				
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Specia, instructions to mining officer.				





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08/18/08--01014--002 **35.00

RA chy



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

•	•	2, 607.1508, or 617.1508, Florida Statutes, this	
=	inge is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of Florida	
		ea agen, or oon, in the state of Fronta.	
	the corporation: Activity World Inc.		
2. The principal	office address: 2924 Pleasant Hill Rd, Kis	ssimmee, Fl 34746	
3. The mailing a	address (if different): 1550 G	ranada Blvd	
	Kissimmel,	F1 34746	
4. Date of incorp	poration/qualification: 3-17-08	Document number: P08000028537	
	d street address of the current registered agreement of State:	ent and registered office on file with the	
	Marlon I Rivera Sr.		
	1550 Granada Blvd		
	Kissimmee, FI 34746	t (if changed) and (or registered office	<u>.</u>
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	20 至
	Melanie Rivera		9 53
	1550 Granada Blvd		
	(P.O. Box NOT acceptable)		
	Kissimmee, Fl 34746		
The street address changed will	ess of its registered office and the street in the identical.	address of the business office of its registered agent	,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Marie 1	wild divine of the ordinary of	Marion Rivera Vice- President (Printed or typed name and title)	
I further agree of my duties, an document is bei	nd I am familiar with and accept the obli	utes relative to the proper and complete performanc igation of my position as registered agent. Or, if thi e registered office address. I hereby confirm that the	is
Illelani	e Kmen	6/10/08	
	enature of Registered Agent)	(Date)	
	Typed or Printed Name)		
ζ.	Typou or Trimou marile)		

* * * 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)