Electronic Filing Cover Sheet

Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

REGISTERED AGENT CHANGE

COPPERHEAD REAL ESTATE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

in oi	change is submitted for a corporation organized under the laws of the State of Florida refer to change its registered office or registered agent, or both, in the State of Florida.	
1. The name	of the corporation: COPPERHEAD REAL ESTATE, INC.	
2. The princip	pal office address: 3284 NORTHSIDE PARKWAY NW A QA 30327	
3. The mailin	ng address (if different):	
4. Date of inc	corporation/qualification: 07/09/2008 Document number: P080000	065488
5. The name Florida De	and street address of the current registered agent and registered office on file with the epartment of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE FL 32301 US	- 03
6. The name :	and street address of the new registered agent (if changed) and /or registered office d):	09 AUG 18
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	3
	P.O. Box NOT sospiable	Į.
	Plantation, Florida 33324	. 6
The street ad as changed v	ddress of its registered office and the street address of the business office of its regists will be identical.	ered agent,
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer board, or the corporation has been notified in writing of the change.	şo
100	ROBYN C. STEEN Friedo or typed mane and nuc	
I hereby acre	Printed of typed name and title	
I further agre of my duties, document is l corporation i	ept the appointment as registered agent and agree to act in this capacity ee to comply with the provisions of all statutes relative to the proper and complete pe and I am familiar with and accept the obligation of my position as registered agent being filed merely to reflect a change in the registered office address, I hereby confir has been notified in writing of this change.	erformance Or, if this m that the
By:	T Corporation System Comparison System	
If signing on	behalf of an entity:	
	Debisie Diaz Ssistant Secretary	

* * * 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)