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| (Requestor's | Name) |
|------------------------------------|-----------------------|
| (Address) | |
| (Address) | |
| · (City/State/Z | ip/Phone #) |
| PICK-UP V | VAIT MAIL |
| (Business E | ntity Name) |
| (Document i | Number) |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: HAD MATTER, INC (Name of Corporation) | |
| DOCUMENT NUMBER: \$\int 8000087396 | |
| 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: | |
| Edward Ashley (Name of Contact Person) | |
| Had Matter, Inc (Firm/Company) | |
| 3936 South Semonan Blvd, Ste 270 (Address) | |
| City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| (Name of Contact Person) at (407), 433 1996 (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

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: HAD MATTER, INC |
| 2. The principal office address: 3936 South Semoran Blvd. Suite 270 |
| Urlando, HL SXXXX |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 9/23/2008 Document number: PO800082396 |
| 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) |
| Shaun Thornton |
| 165 Marabella COOP |
| /65 Marabella Coop |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| _ Column Ashley == |
| 3936 South Semoran Blvd. Suite 200 |
| Orlando, FL 32822 |
| 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. |
| EDWARD ASHLEY PRESIDENT (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. |
| Elwa 3-13.09 |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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