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To:

Division of Corporations

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From:

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A Account Name

Account Number: 076077001702 Phone

: (407)841-1200

Fax Number

(407) 423-1831

#### REGISTERED AGENT CHANGE

#### M. JOHNSON MANAGEMENT CORPORATION

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# 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: M. Johnson Management Corporation
2. The principal office address: 1558 Waterwitch Drive, Orlando, FL 32806
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/12/2009 Document number: P09000003037
<ol><li>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)</li></ol>
Dean Mead Services, LLC
800 N. Magnolia Avenue, Suite 1500
Orlando, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Melvin J. Johnson, III  1558 Waterwitch Drive
Melvin J. Johnson, III
1000 114101 11110
(P.O. Box NOT acceptable)  Orlando, FL 32806
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.
Melvin J. Johnson III. President (Signature or disoctor)  Melvin J. Johnson III. President (Printed or typod pames 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) February 3 2009
If signing on behalf of an entity:
N/A (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

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