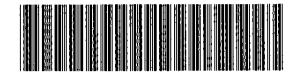
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| (R€ | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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DEGOLOGIA OLIGI DIVISIONO CORPORATION TAUTAMASSEFUELORIDA

RECEIVED

THE ELECTION OF SECURIOR OF SE

COVER LETTER

| TO: Amendment Section Division of Corporations | | · |
|--|--------------------------------|---|
| SUBJECT: | Land Transfer, Inc | |
| | Name of Corporation | on |
| DOCUMENT NUMBER: | P0900005 | 0215 |
| The enclosed Statement of Change of | of Registered Office/Agent | and fee are submitted for filing. |
| Please return all correspondence cor | ncerning this matter to the fo | ollowing: |
| | | 5 |
| | Bill Bassett | |
| | | |
| | Name of Contact Per | son |
| | | |
| | Bassett Consulting | |
| • | Firm/Company | |
| | | · |
| | 52 Bunting Driv | e |
| | Address | |
| | | |
| | Crawfordville, FL 3 | 2327 |
| | City/State and Zip C | ode |
| | | |
| | Staff@ConsultBasset | t.com |
| E-mail address | : (to be used for future an | nual report notification) |
| | | |
| For further information concerning | this matter, please call: | |
| Bill Bassett | at (| 850) 926-8811 |
| Name of Contact Per | rson A | rea Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made pa | yable to the Department of | State. |
| Mailing Ad Amendmen Division o P.O. Box 6 | nt Section f Corporations | Street Address: Amendment Section Division of Corporations Clifton Building |
| | e, FL 32314 | 2661 Executive Center Circle |
| i ananasse | 0, 1 <i>0 0 0 0</i> 1 7 | Tallahassee, FL 32301 |

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

| statement of char | nge is submitted for a co | orporation organized | 107.1508, or 617.1508, Flo I under the laws of the State I agent on both in the State | e of Florida |
|---|---|---|--|--|
| | | | l agent, or both, in the State | e oj rionaa. |
| | he corporation: Land | | | |
| The principal of | office address: 1981 | emple Terrace | | |
| | Clearw | rater, FL 33764 | | |
| 3. The mailing ac | ddress (if different): | | | |
| 4. Date of incorp | oration/qualification: | 06/09/2009 | _ Document number: | P09000050215 |
| | street address of the cur tment of State: (If resign | | t and registered office on fi | le with the |
| | Michae | el Frederick | | |
| | 7502 A | rmand Circle | | 7 % 3 |
| | Tampa | , FL 33634 | | AT AT |
| 6. The name and (if changed): | street address of the nev | v registered agent (i | f changed) and /or registere | SSEE FL |
| • | 1981 T | emple Terrace | | ORIG |
| • | | P.O. Box NOT acc | eptable | |
| | Clearv | vater, FL 33764 | | |
| | | | ress of the business office | |
| Such change was authorized by the | s authorized by resolute e board, or the corporat | ion duly adopted by tion has been notific | its board of directors or led in writing of the change | by an officer so e. |
| Signature | of an officer or director | er. | Michael Frederic | ck, President |
| I hereby accept to a further agree to further agree to further agree to further and document is being corporation has | the appointment as reg o comply with the provi d I am familiar with and ag filed merely to reflect been notified in writing | istered agent and a sions of all statutes d accept the obligat t a change in the re g of this change. | gree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I | v. d complete performance stered agent. Or, if this hereby confirm that the |
| | | | 12/17/ | 11 |
| Signing on beh | ature of Registered Agent | | Date | |
| i aiginng on och | mir or an courty. | | | |
| | ichael Frederick ped 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 CR2E045 (8/05)