P09000065591

noname - no address			
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Contillation of Chatan			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SEGRETARY OF STATE
ALL AHASSEE ELEGIST.

APPROATO

RSA V

2- 4-

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

statement of change	is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of or registered agent, or both, in the State of Florida.	
	, m	Farms The	
1. The name of the c	orporation. 11	^ '	
2. The principal office		WMes, FL	
3. The mailing addre			
4. Date of incorporate	ion/qualification: Augus	1-3, 2005 Document number: P 09 0000	6559
5. The name and stre Florida Departmen	eet address of the current reg nt of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	·
	Done	is Witheya	XSE -
	4460	107.12 Cardo	LAH
	1	When T2 33762	ASSER ASSY
6. The name and stre (if changed):	et address of the new regist	ered agent (if changed) and /or registered office	FLOR
	Parl	la Am Format	
	5003	O. Box NOT acceptable	
	•	Lune, pe 32889	
The street address o as changed will be i	f its registered office and the dentical.	he street address of the business office of its registered	agent,
Such change was au authorized by the bo	thorized by resolution duly pard, or the corporation has	y adopted by its board of directors or by an officer so seen notified in writing of the change.	
Signature of a	O Sort	Printed or typed name and title	
=		agent and agree to act in this capacity. If all statutes relative to the proper and complete performs the obligation of my position as registered agent. Or nge in the registered office address, I hereby confirm to schange.	rmance ; if this hat the
Yue (2 tono	3-22-2011	
Signature	of Registered Agent	Date	
If signing on behalf	of an entity:		
Typed c	r Printed Name	_	
	* * * FIL	ING 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)