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PICK-UP	☐ WAIT	MAIL
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January 19, 2010

Secretary of State Florida Department of State Divisions of Corporations Post Office Box 6327 Tallahassee, FL 32314-6327

Re: Seabreeze FMB, Inc.

To Whom It May Concern:

Enclosed is Statement of Change of Registered Office and Agent in regard to the above referenced company. Also enclosed is a check in the amount of \$35.00, which represent your fees for this service.

Thank you for your assistance in this matter, and should you desire any additional information or documentation, please do not hesitate to contact me.

Yours very truly,

WESJr/bd enclosures

Charter No. P09000102965 Date Filed 12/28/09

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1.	The name of the corporation is: Seabr	eeze FMB, Inc.		
2.	The name and address of its present re	egistered agent is:	-1 2	
	Filings, Inc. 3732 NW 16th Street Fort Lauderdale, FL 33311		2010 JAN 22 SECRETARY TALLIANASS	
3.	The name and street address to which	its registered agent is to be changed is:	rij—"-	
	Monika M. Russel 11360 Capistrano Court Fort Myers, FL 33908		AM II: 05	
4.	The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.			
5.	Such change was authorized by resolut the corporation so authorized by the Bo	tion duly adopted by its Board of Directors pard of Directors.	or by an officer of	
Dated t	his 19 day of 5AN	_, 2010.		
		Mormon C Worzella, President	lla_	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Monika M. Russel, Agent