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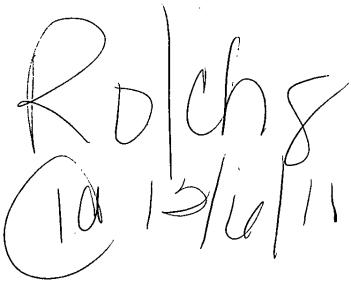


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COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	ECT: LAURENCE J. PNO, P.A. Name of Corporation					
DOCU	MENT NUMBER: P1000007613					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	PAT WILSON Name of Contact Person					
	Name of Contact Ferson					
PINO NICHOLSON LAW						
	Firm/Company					
189 S. ORANGE AVE., STE. 1650						
	Address					
ORLANDO, FL 32801a/55380th// per seesay						
ORLANDO, FL 3280120 State and Zip Code (1987) (28 Court Chapse Court Chapse Code (1987) (28 Co						
	PAT@PINONICHOLSONLAW.COM E-mail address: (to be used for future annual report notification)					
For furt	ther information concerning this matter, please call:					
	PAT WILSON . at (407) 206-6513					
	PAT WILSON at (407) 206-6513 Name of Contact Person Area Code & Daytime Telephone Number					
Enclose	ed 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 Tallahassee, FL 32301 Street Address: Amendment Section Division of Corporations Cliffon Building Cliffon Building Tallahassee, FL 32301					

CR2E045 (8/05)

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

statement of char	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of FLORIDA	
	ne corporation: LAU office address: 189 S.		INO, P.A. , SUITE 1650, ORLAI	NDO, FL 32801	
3. The mailing ac	ddress (if different): P.	O. BOX 1511, C	PRLANDO, FL 32802		
4. Date of incorp	oration/qualification:	01/26/2010	Document number:	P10000007613	
	street address of the cur ment of State: (If resign		t and registered office on fi	ile with the	
	LAURENCE J. PIN	0			
	2200 LUCIEN WAY	7, STE 400			
	MAITLAND, FL 32	751			
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registere	11 DEC:	35.75
	LAURENCE J. PIN	0		OF C	E.
	189 S. ORANGE A				2000 2000 2000 2000 2000 2000 2000 200
_	ORLANDO, FL 328	P.O. Box NOT acc	eptable	PM 12: 03	ATIO!
The street addres as changed will l	s of its registered offic	e and the street add	ress of the business office		137
=		on duly adopted by ion has been notific	its board of directors or led in writing of the chang	by an officer so e.	
Signature	of an officer or director	<u> </u>	Laurence J. Pin	o, President	
I hereby accept to I further agree to of my duties, and document is being corporation has	he appointment as region comply with the provided in a familiar with and given the motified merely to reflect the motified in writing	stered agent and a sions of all statutes Laccept the obligat t a change in the re of this change.	gree to act in this capacity Felative to the proper an ion of my position as regi gistered office address, I	12	
Sign	ature of Registered Agent	<u> </u>	//- <u>30</u>	-1/	
If signing on beh	سيو		Date		
Ту	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)