P10000064569

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10;	Amendment Section Division of Corporations	
SUBJE	CoAdvantage Resources 35,	Inc.
	Name of Co	prporation
DOCUM	MENT NUMBER: P10000064569	
The enc	osed Statement of Change of Registered Office	Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter	to the following:
	Darlene Lemke	
	Name of Con	tact Person
	CoAdvantage	
	Firm/Cor	npany
	111 W Jefferson St	
	Addre	ess
	Orlando, FL 32801	
	City/State and	Zip Code
	dlemke@coadvanta	ge.com
	E-mail address: (to be used for fu	ture annual report notification)
For furth	er information concerning this matter, please ca	all:
	Darlene Lemke	at (407) 447-1895 Area Code & Daytime Telephone Number
	Name of Contact Person	
Enclosed	is a \$35.00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA			
	ed office or registered agent, or both, in the State of Florida.			
1. The name of the corporation:	CoAdvantage Resources 35, Inc.			
2. The principal office address:	3350 Buschwood Park Drive - Ste 200			
	Tampa, FL 32801			
3. The mailing address (if different):	111 W Jefferson St			
	Orlando, FL 32801			
4. Date of incorporation/qualification:	08/05/2010 Document number: P10000064569			
	urrent registered agent and registered office on file with the			
Mark Lowrey				
111 W Jefferson Street				
Orlando, FL 32801				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jeffrey J. Sjobeck				
3350 Buschwood Park Dr - Ste 200				
P.O. Box NOT acceptable				
Tampa, FL 33618				
The street address of its registered off as changed will be identical.	ice and the street address of the business office of its registered agent,			
Such change was authorized by resolu authorized by the board, or the corpor	ation duly adopted by its board of directors or by an officer to ation has been notified in writing of the change.			
Signature of an officer or director	Miguel A. Maseda, President/CEO			
I hereby accept the appointment as re I further agree to comply with the pro performance of my duties, and I am fa agent. Or, if this document is being fi hereby confirm that the comperation h	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered following to reflect a change in the registered office address. It is been notified in writing of this change.			
Of IIII	9/30/13			
If signing on behalf of an entity:	V Date			
Jeffrey J. Sjobeck				
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 CR2E045 (03/12)