P10000064575

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COVER LETTER

Division of Corporations CoAdvantage Resources 37, Inc. SUBJECT: Name of Corporation P10000064575 **DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Darlene Lemke Name of Contact Person CoAdvantage Firm/Company 111 W Jefferson St Address Orlando, FL 32801 City/State and Zip Code dlemke@coadvantage.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Darlene Lemke Name of Contact Person Area Code & Daytime Telephot Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section

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

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA
in order to change its register	red office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	CoAdvantage Resources 37, 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: P10000064575
5. The name and street address of the c Florida Department of State: (If resign	urrent registered agent and registered office on file with the
Mark Lowrey	
111 W Jefferso	on Street
Orlando, FL 33	2801
(if changed): Jeffrey J. Sjobe	eck od Park Dr - Ste 200
3330 Buscilwo	P.O. Box NOT acceptable
Tampa, FL 33	618
	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 corpora	tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
Signature of an officer or director	Miguel A. Maseda, President/CEO Printed or typed name and title
I hereby accept the appointment as re I further agree to comply with the pro- performance of my duties, and I am fa	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 led merely to reflect a change in the registered office address, as been notified in writing of this change.
Siddle abblished Asset	91301/3
Signing on behalf of an entity:	Date 107 22 23
Jeffrey J. Sjobeck Typed or Printed Name	
2 J pour of 1 fillion faille	

* * * 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)