## P1000064585

(Requestor's Name)
(Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF SHATE

## COVER LETTER

TO: Amendment Ser Division of Cor	ction porations					
SUBJECT:	CoAdvantage Resources 39	€, Inc.				
SUBJECT:	Name of C	Corporation				
DOCUMENT NUMBI	ER: P10000064585					
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are submitted for filing.				
Please return all corresp	ondence concerning this matte	or to the following:				
	Darlene Lemke					
	Name of Co	ntact Person				
	CoAdvantage Firm/Co	ompany				
111 W Jefferson St Address						
Orlando, FL 32801						
	City/State a	nd Zip Code				
E-m	dlemke@coadvan ail address: (to be used for f	tage.com uture annual report notification)				
For further information	concerning this matter, please	call:				
Darlene Lem		at ( 407 ) 447-1895  Area Code & Daytime Telephone Number				
Name of	Contact Person					
Enclosed is a \$35.00 che	eck made payable to the Depar	RE CI				
	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, 60 corporation organized				
-	-	red office or registered				
1. The name of t	he corporation:	CoAdvantage Resources 39, Inc.				
2. The principal	office address:	3350 Buschwood Par	rk Drive - St	te 200		
		Tampa, FL 32801				
3. The mailing a	ddress (if different):	111 W Jefferson St	<del></del>			
		Orlando, FL 32801				
4. Date of incorp	oration/qualification:	08/05/2010	_ Document	number: P1000	00064585	
	street address of the c tment of State: (If resi	current registered agent gned, enter resigned)	and register	ed office on file v	vith the	
	Mark Lowrey				_	
	11.1 W Jefferso	on Street			_	
	Orlando, FL 3	2801			_	
6. The name and (if changed):	street address of the r	new registered agent (if	changed) ar	nd /or registered o	ffice	
	Jeffrey J. Sjob	eck			<del>-</del>	
	3350 Buschwo	ood Park Dr - Ste 200				
,		P.O. Box NOT accept	able		-	
	Tampa, FL 33	618			_	
The street addre	ss of its registered off be identical.	fice and the street addre	ess of the bu	siness office of i	ts registered agent,	
Such change wa authorized by th	s authorized by resolu e board, or the corpor	ntion duly adopted by it ration has been notified	ts board of cin writing	directors or by an of the change.	officer so	
$\mathcal{M}$ .	M		Miguel A.	Maseda, Preside	ent/ŒO 式	
I hereby accept to I further agree to performance of t	o comply with the pro	gistered agent and agr visions of all statutes r miliar with and accept iled merely to reflect a las been notified in wri	ee to act in elative to th t the obliga	he proper and con tion of my positio	mpleto 7	
			9	30/13	1.02 <b>.</b> 2	
840	anny of Registered Agent			Date	€ C	
If signing on beh	nalf of an entity:					
	frey J. Sjobeck	·				
Ty	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 (03/12)