

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN, P.L.L.C.
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
CLYDE TRAILS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLYDE TRAILS, INC.
2. The principal office address: 2202 N. WEST SHORE BLVD. SUITE 200
TAMPA FL 33618 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/30/2010 Document number: P10000071206
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THE LAW OFFICES OF NICK SPRADLIN, PLLC18952 NORTH DALE MABRY HWY SUITE 102LUTZ FL 33548 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

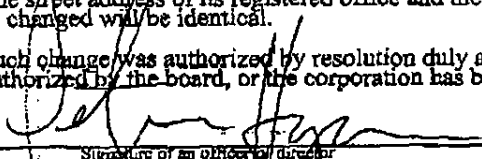
PEER HOGAN2202 N. WEST SHORE BLVD. SUITE 200

P.O. Box NOT acceptable

TAMPA FL 33618 US

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

PETER HOGAN
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

04/25/2012
Date

If signing on behalf of an entity:

Peter Hogan
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

CR25045 (8/05)

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