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IN SERVICE TO MPANY	
ACCOUNT NO. : 12000000195	
REFERENCE : 644090 7725602	
AUTHORIZATION : Spellelena	
COST LIMIT : \$ 35.00	_
ORDER DATE : January 14, 2011	
ORDER TIME: 8:59 AM	
ORDER NO. : 644090-010	
CUSTOMER NO: 7725602	
CHANGE OF AGENT	
NAME: KIDZADU, INC.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Troy Todd EXT# 2940	
EXAMINER:	

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St Jange is submitted for a corporation organized under the laws of the State of \overline{F} der to change its registered office or registered agent, or both, in the State of Flo	lorida	
1. The name of	f the corporation: KIDZADU, INC.		
2. The principa	al office address: 15550 Lightwave Drive., Suite 300, Clearwater, FL 33	760	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 01/12/2011 Document number: P1100000	04136	
5. The name and	nd street address of the current registered agent and registered office on file with artment of State:		
	Corporate Service Company		
	1201 Hays Street		
	Tallahassee, FL 33760	2011 TA	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	2011 MAR - 7 P	F
	Corporation Service Company	Y CE THE	11
	1201 Hays Street	PH 2:20	•
	(P.O. Box NOT acceptable)	10 Per 10	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street address of the business office of its libe identical.	registered agent,	
Such change was authorized by it	as authorized by resolution duly adopted by its board of directors or by an of the corporation has been notified in writing of the change.	fficer so	
-	Wallace D. Ruiz, Chief Financ	ial Officer	
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp and I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	•	
Corporation By:	on Service Company . gnature of Registered Agent) (Date)		
If signing on be	ehalf of an entity:	•	
Grace Kirby,	Asst. VP		
(1)	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 (8/05)