## P11000059217

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9/8/14

NAME:

COVODA COMMUNICATIONS, INC.

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

statement of change is	ions of sections 607.0502, 61 submitted for a corporation of ange its registered office or r	organized .	under th <mark>e</mark> laws of the St	nte ofF	lorida	<del></del>	
1. The name of the cor	201		COMMUNICAT				<del>.</del>
2. The principal office 1005 W Ind	<sup>nddress:</sup> iantown Rd Ste 20	)1	Jupiter	FL	33	548	
3. The mailing address 1005 W Ind	(if different): iantown Rd Ste 201		Jupiter	FL	33	458	
4. Date of incorporation/qualification:June 27, 2011Document number:			P1100	P11000059217			
	address of the current registe of State: (If resigned, enter re Haile, Shaw & F	esigned)		file with the	:		
	660 US Highw	vay On	e Third FL				
	N Palm Bea	ach, FL	33408			14	
6. The name and street (if changed):	address of the new registered	d agent (if	changed) and for registe	ered office		SEP	<del>-</del> 1
Na	tional Corporate F	Resear	ch, Ltd., Inc.		Park Control	ထု	17
155	5 Office Plaza Driv					Œ	(
Tal	lahassee, FL 32	х NOT ассерь 301	nble .	·		ဒ္ 09	
The street address of it as changed will be ide	s registered office and the s	treet addie	ss of the business offic	e of its regi	stered ago	ent,	
Such change was authorized by the boar	orized by resolution duly add d, or the corporation has bee	opted by it on notified	s board of directors or in writing of the chang	by an office se.	r 50		
Signature glan o	1		WARE SINCE	,		_	
I hereby accept the app I further agree to comp performance of my dut agent. Or, if this ducu hereby confirm that the	pointment as registered age ply with the provisions of all ies, and I am familiar with a ment is being filed merely to goorporation has been notif	nt and agre I statutes re and accept o reflect a d fied in writ	ee to act in this capacity elative to the proper at the obligation of my pechange in the registere ing of this change,	ly, id complete osition as re d office add	gistered ress, l		
Alan Go	non		9/8/201	4		_	
Signature of l	Registered Agent		Date				

If signing on behalf of an entity:

Sean Honan, Assistant Secretary
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*