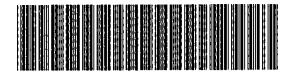
P11000091305

| . (Re | equestor's Name) | | | | |
|-------------------------|--------------------|-----------------|--|--|--|
| . (Ad | dress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phone |) #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
| | | | | | |
| , | | | | | |
| | | | | | |
| | | | | | |

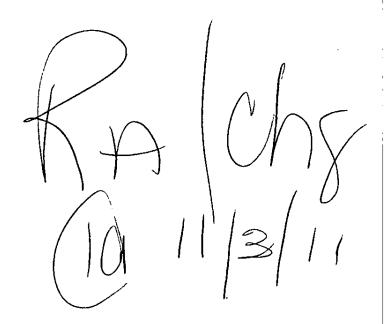
Office Use Only



800213868698

11/03/11--01011--027 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV -3 AM II: 3 I



COVER LETTER

| TO: | Amendment Section Division of Corporation | ns | | |
|--------|--|---|--|--|
| SUBJ | ECT: | Business Battle | | |
| | | | • | |
| DOC | UMENT NUMBER: | P1100 | 00091305 | |
| The en | nclosed Statement of Cha | inge of Registered Office// | Agent and fee are subm | nitted for filing. |
| Please | return all correspondence | ee concerning this matter to | the following: | |
| | | Ellisa Bren | neman | |
| | | Name of Conta | ct Person | |
| | | Ebapro | Inc | |
| | | Firm/Com | | |
| | | | | |
| | | 80 SW 8th St, | Suite 2000 | |
| | | Addres | is | |
| | | | | |
| | | Miami, FL | 33130 | |
| | | City/State and | Zip Code | |
| | | dean456@gm | nail.com | |
| | E-mail add | lress: (to be used for full | ire annual report not | ification) |
| For fu | rther information concern | ning this matter, please cal. | l: | |
| | Ellisa Bren | neman | at (503) | 888-5346 |
| | Name of Contact | et Person | Area Code & Day | 888-5346 time Telephone Number |
| Enclos | sed is a \$35.00 check made | de payable to the Departmo | ent of State. | |
| | Amen Divisi P.O. I | g Address: dment Section on of Corporations Box 6327 passee, FL 32314 | Street Address Amendment S Division of C Clifton Build 2661 Executiv Tallahassee, 1 | Section Corporations ing ve Center Circle |

. . . .

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

| | | | 507.1508, or 617.1508, Fla I under the laws of the Sta | | | | |
|--|--|--|---|--|--|--|--|
| | | | l agent, or both, in the Sta | | | | |
| 1. The name of | the corporation: Busir | ness Battle Pla | ns | | | | |
| 2. The principal office address: 80 SW 8th St. Suite 2000 Miami FL 33130 | | | | | | | |
| 3. The mailing a | address (if different): | | | | | | |
| 4. Date of incor | poration/qualification: _ | OCT 18 2011 | Document number: | P11000091305 | | | |
| | d street address of the curtment of State: (If resig | | t and registered office on | file with the | | | |
| | Ellisa Brenneman | | | | | | |
| | 80 SW 8th Street, | Suite 2000 Mian | ni FL 33130 | | | | |
| 6. The name and (if changed): | d street address of the no | ew registered agent (i | f changed) and /or register | red office | | | |
| | Dean Parsons | | | | | | |
| | 80 SW 8th Street | | | | | | |
| | | P.O. Box NOT acc | eeptable | | | | |
| The street addreas changed will | ess of its registered offi be identical. | ice and the street add | lress of the business offic | ce of its registered agent, | | | |
| Such change was authorized by the | as authorized by resolute board, or the corporate | tion duly adopted by ation has been notifi | y its board of directors or ed in writing of the chan | by an officer so ge. | | | |
| Signatu | re of an officer or director | | Ellisa Brenne | eman CEO | | | |
| I hereby accept I further agree of my duties, an document is bei corporation has | the appointment as reg to comply with the pro id I am familiar with a ing filed merely to refle s been notified in writi | gistered agent and a visions of all statute: ud accept the obliga ect a change in the r ng of this change. | | tv. nd complete performance vistered agent. Or, if this I hereby confirm that the | | | |
| _D@_ | mature of Registered Agent | | OCT 31 | 2011 | | | |
| | chalf of an entity: | | Z-MC | | | | |
| T | yped or Printed Name | | | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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

DIVISION OF CORPORTS