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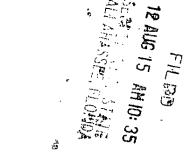
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| Certified Copies Certificates of Status | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

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Skeeter Juice

Name of Corporation

000238182630

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gina Harrison

Name of Contact Person

Skeeter Juice inc

Firm/Company

8281 Navarre prkwy

Navarre Florida 32566

City/State and Zip Code

Gssc4@rocketmail.com

E-mail address: (to be used for future annual report notification)

요구 선생님, 하는 사람들은 스템 문학으로 하는 학생님

For further information concerning this matter, please call:

Gina Harrison

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2E045 (03/12)

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

| statement of char | provisions of sections 607.0302, 617.0302 nge is submitted for a corporation organi to change its registered office or registe | ized under the laws of the State of Fl | orida |
|---|--|--|-------------------------|
| | he corporation: Skeeter Juice In | | <i>57 1444</i> . |
| 1. The name of the | office address: 8281 Navarre prkw | <u> </u> | |
| | Horida 32566 | <u>, </u> | |
| 3. The mailing ac | ddress (if different): | | |
| 4. Date of incorp | oration/qualification: 8/05/2012 | Document number: P12000 | 0067715 |
| | street address of the current registered at tment of State: (If resigned, enter resigned | | h the |
| | Dan Stewert | | |
| | 4519 Highway 90 Pace Florid | la 32571 | |
| | Resigned | | 1 |
| 6. The name and (if changed): | street address of the new registered agen | t (if changed) and /or registered office | TIL PAD 15 AM ID: 35 |
| | Gina Harrison | | 35 |
| | 8281 Navarre prkwy | <u>#</u> | |
| | P.O. Box NOT Navarre Florida 32566 | acceptable | |
| | ss of its registered office and the street abe identical. s authorized by resolution duly adopted e board, or the corporation has been not | | |
| Signatur | re of an officer or director | Printed or typed name and title | |
| I further agree to performance of agent. Or, if thi | the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and a statumy duties, and I am familiar with and a statument is being filed merely to reflet that the corporation has been notified in | ites relative to the proper and comp ccept the obligation of my position i ect a change in the registered office | as registered |
| Divact | and the second s | 08/11/2012 | |
| If signing on bel | half of an entity: | | |
| Ty | yped or Printed Name | | |
| | * * * FILING FE | E: \$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)