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| (Requestor's Name) | _ |
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| · (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | _ |
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| Certified Copies Certificates of Status | - |
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| Special Instructions to Filing Officer: | İ |
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SECRETARY OF STATE
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: REAL PLAN CONSULTANTS INC. (Name of Corporation) |
| DOCUMENT NUMBER: P930000 1(852 |
| 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: |
| Paul GIOVANNETTO, V.P. (Name of Contact Person) |
| FEATPlan Consultants INC. |
| 2403 RIVER TREE GROKE (Address) |
| Sauforo, florida 3271/ (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Paul Grovanne Tri V.P. at (407) 330-3062 (Afea Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |

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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

TO:

Amendment Section

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: REALPLAN CONSULTANTS, INC. |
| 2. The principal office address: 2403 RUER TREE CIRCLE |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: February 1/1993 Document number: P930000 11852 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| DEborah GIOVANDETTI ES & |
| 13345 5.W. 106 AVE. |
| MidM I 33176 6. The name and street address of the new registered agent (if changed) and /or registered office |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Deborda GLOVANNETTI |
| 2403 RIVER TREE CIRCLE (P.O. Box NOT acceptable) |
| Sondono, Florida 32771 |
| 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 comporation has been notified in writing of the change. |
| The Granting of an officer or girector), Vice PRESIDENT PAUL GLOVANNETTY, V. P. |
| 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. |
| Deblie Granuett October 17, 2006 (Signature of Registered Agent) |
| If signing on behalf of an entity: |
| (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)