Posedon VI Impalats Che., OD 15479 So1. N. Magnolia Ave., Suite # 458, Enlando, FL 32803.

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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	(Co	rporation Name)	(D	cument #)	*****35.00	*****35.00
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45 A	NEW FILINGS	AMENDM	ENTS	# 1905 - EX 1997		
	Profit	Arnendment				(,)
	NonProfit	Resignation of	R.A., Officer/Dire	ctor	- G	
	Limited Liability	Change of Reg	istered Agent		(1)	
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₹. 4.3	OTHER FILINGS		RATION/	200/1 . J.	(7)	
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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: POSEIDON II INVESTMENTS, INC.
1b. The mailing address of the corporation is: 801 N. MAGNOLIA AVENUE, SUITE 408, ORLANDO, FL. 32803
1c. Date of incorporation: 02/25/1994 Document number: P94000015479.
2. The name and address of the current registered agent and office:
CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST. SUITE 1,
TALLAHASSEE, FL. 32301
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
ROBERT LAN
801 N. MAGNOLIA AVE., SUITE 408,
ORLANDO, FL. 32803
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.
(Signature of an officer, chairman or (Dare)
(Signature of an officer, chairman or (Date)
ROBERT LAW PRESIDENT
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I herebyaccept 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.
(Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Capacity)

(Typed or Printed Name)