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Karey Hensley, CPA, PA 28000 Spanish Wells Blvd., Suite 200 Bonita Springs, FL 34135

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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 Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: A to 2 Management of Bonita Springs Inc.
2. The mailing address of the corporation is: 10915 Bonita Beach Road, Suite 2141
Bonita Springs FL 34133
3. Date of incorporation/qualification: 10/4/94 Document number: P9400074332
4. The name and address of the current registered agent and office:
Monika Schnecbeli
10915 Bonita Beach Road Suite 2141 Bonita Springs #1 34133 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Karey Hencley
Bonita Springs #L 34133 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
<u>karey Hensley</u> Ξ_{0} ω
28000 Spanish Wells Blvd
Bonita Spings PL 34135
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.
08/04/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
Monika Schneebeli, Secretary (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
• •
(Capacity)
(Typed or Printled Name) / (Capacity)

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