P95000025872

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DIVISION OF CORPORATIONS
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T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SYSPROD DESIGNS INCORPORATED
Name of Corporation

DOCUMENT NUMBER: P95000025812

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:

BARBARA ALBRIGHT
Name of Contact Person

REGISTERED AGENT, SYSPROD DESIGNS, INC.
Firm/Company

9713 CARBONDALE DR. EAST
Address

JACKSONVILLE, FL 32208
City/State and Zip Code

STEVE@SYSPROD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA ALBRIGHT at (954) 937-0433
Name of Contact Person Area Code & Daytime Telephone Number

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

Pursuant to the provisions of section 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: Dyspread Designs, Incorporated
2. The principal office address: 9713 Carbondale Dr East
   Jacksonville, FL 32208
3. The mailing address (if different): P.O. Box 2436
   Lake City, FL 32056
4. Date of incorporation/qualification: 3/28/95 Document number: P95000025812
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
   Barbara Albright
   360 Sunbury Ave
   Lake City, FL 32024
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
   Barbara Albright
   9713 Carbondale Dr. East
   PO Box NOT acceptable
   Jacksonville, FL 32208

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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 corporation has been notified in writing of the change.

Signature of an officer or director — Steven Albright, Pres
Printed or typed name and title

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.

Signature of Registered Agent — 11/18/13
Date

If signing on behalf of an entity:
Barbara Albright
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

CR2E015 (03-12)