## Florida Department of State Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107

: (561)694-1639 Fax Number

REGISTERED AGENT CHANGE

STAINSAFE MANAGEMENT COMPANY

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## 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 is: STAINSAFE MANAGEMENT CO	<u> DMPANY                                    </u>
2. The principal office address: 354 HIATT DR.	
PALM BEACH GARDENS FL 33418	
	The second secon
3. The mailing address (if different):	V
4. Date of incorporation/qualification: 4/10/1995 Docume	nt Number: <u>P95000629717</u>
5. The name and street address of the current registered agent and regi	stered office on fle with the
Florida Department of State:	AS AS
STEVEN FRIEDMAN	<u></u>
354 HAITT DR	<del></del>
PALM BEACH GARDENS FL 33418	
6. The name and street address of the new registered agent (if changed	l) and /or registered of fice
(if changed):  Corporate Creations Network Inc.	5m <sup>1</sup> 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
11380 Prosperity Farms Road #221E	<u> </u>
(P.O. Box Not acceptable)	
Palm Beach Gardens FL 33410	
The street address of its registered office and the street address of	
agent, as changed will be identical.	न्त्रपुर के भी क्षेत्रहा के जिल्ला जन्म
Such change was authorized by resolution duly adopted by its boa authorized by the board, or the corporation has been notified in writing	rd of directors or by an officer so
H. L.	<b>-</b>
(Signature of anofficer or director)	au, Assistant Secretary inted or Typed name and title)
I hereby accept the appointment as registered agent and agree to act i	
I further agree to comply with the provisions of all statutes rela	tive to the proper and complete
performance of my duties, and I am familiar with and accept the oblig	ation 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	**
(Signature of Registered Agent)	5/31/2007 (Date)
• • • • • • • • • • • • • • • • • • • •	(Date)
If signing on behalf of an entity:	
Christina DeMaio, Assistant Secretary	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107