

P9 60000 57437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

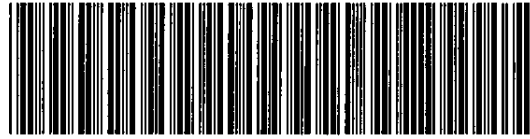
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coordinated Partners, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000057437

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:

Debra Millinowisch
Name of Contact Person

Quarles & Brady LLP
Firm/Company

300 N. LaSalle Street, Suite 4000
Address

Chicago, IL 60654
City/State and Zip Code

tracy@ccsmadison.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Millinowisch at (312) 715-5000
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

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: Coordinated Partners, Inc.
- 2. The principal office address: 10130 Northlake Blvd., Suite 214, West Palm Beach, FL 33412
- 3. The mailing address (if different): 702 River Place, Suite 5, Madison, WI 53716
- 4. Date of incorporation/qualification: 07/03/1996 Document number: P96000057437

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)

Naples-Lawdock, Inc.
1395 Panther Lane, Suite 300
Naples, FL 34109-7874

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donna J. Peters
6663 Audubon Trace West
P.O. Box NOT acceptable
West Palm Beach, FL 33412

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.

Donna J. Peters
Signature of an officer or director

Donna J. Peters, Vice President
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.

Donna J. Peters
Signature of Registered Agent

2-2-12
Date

If signing on behalf of an entity:
Donna J. Peters
Typed or Printed Name

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