

P9 60000 57437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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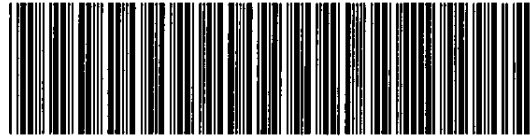
(Business Entity Name)

(Document Number)

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*BRM*

**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 \*\*\*