P97000027812

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SECRETARY OF 5 505

COVER LETTER

TO: Amendment Se Division of Cor			
SUBJECT:	CoAdvantage Resources, In	c.	
50101001.	Name of C	orporation	
DOCUMENT NUMB	ER: P97000027812		
The enclosed Statement	t of Change of Registered Offic	e/Agent and fee are submitted for f	filing.
Please return all corresp	ondence concerning this matte	r to the following:	
	Darlene Lemke		
	Name of Cor	ntact Person	
	CoAdvantage	•	
	Firm/Co	ompany	
	111 W Jefferson S	t	
	Addi		-
	Orlando, FL 3280	1	
	City/State an		
	dlemke@coadvant	age.com uture annual report notification)	
L II	ian address. (to be ased for n	state aimaa report nourieation)	
For further information	concerning this matter, please of	eall:	
Darlene Lem	nke	at (407) 447-1895	Ag 13
	Contact Person	at (<u>407</u>) 447-1895 Area Code & Daytime Telep	hone Number
Enclosed is a \$35.00 ch	eck made payable to the Depart	ment of State.	TARY O
		ı	2 2 5
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	:: 25 DRIDA ns

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pro- statement of change	•	corporation orga	mized under the la	rws of the State o	of FLORIDA
1. The name of the			Resources, Inc.	ın, ın ine siaie o	y 14071aa.
2. The principal offi			od Park Drive - St	a 200	
2. The principal offi	ice audress;	Tampa, FL 32		E 200	
2 The medical edds	(!e 4!ee	111 W Jefferso			
3. The mailing addre	ess (ir different):	Orlando, FL 3			
					200027842
4. Date of incorpora	tion/qualification:	3/27/1997	Document	number: P970	J00027812
5. The name and stre Florida Departme	eet address of the cent of State: (If resign			ed office on file	with the
·	Mark Lowrey				
	111 W Jefferso	on Street			_
	Orlando, FL 3	2801			
6. The name and stre (if changed):	eet address of the n		ent (if changed) an	d /or registered o	office
	Jenrey J. Gjobe	5CK		·	-
	3350 Buschwo	od Park Dr - Ste			-
	Tampa, FL 33	P.O. Box NO 618	г ассернале		
					_
The street address o as changed will be i	f its registered off dentical.	ice and the street	address of the bu	siness office of	its registered agent,
Such change was au authorized by the bo					
W.U	le		Miguel A	Maseda, Presid	ent A A
~	an officer or director	 	Printe	d or typed name and	™
I hereby accept the of I further agree to comperformance of my of agent. Or, if this do hereby confirm that	duties, and I am fa cument is being fi	miliar with and d led merely to ref	accept the obligati lect a change in th	ion of my position we registered off	omplete
- Old S	hu		9	30/13	75 75 75 75 75 75 75 75 7
	of Registered Agent		,	Date	
If signing on behalf	of an entity:				
	J. Sjobeck	<u> </u>			
Typed o	or Printed Name	4. 4. Mayor was a			
	*	* * FILING FE	Æ: \$35.00 * * *		

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