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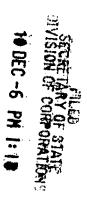
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| (City/State/Zip/Phone #) |
| <u> </u> |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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C.COULLIETTE
DEC 07 2010

EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: SANI-Play, Inc. Name of Corporation |
| DOCUMENT NUMBER: 1970000 62376 |
| 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: |
| MARTHA D. WYAU Name of Contact Person |
| SANI-Play, The. Firm/Company |
| 5335 Jessamine Lane |
| Orlando F7 32839 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: MARTHA D. WATT at (407) 851-5817 Name of Contact Person at (407) 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

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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 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: SANI - Play, Inc. |
| 2. The principal office address: 5335 Jess Amine L. |
| <u> </u> |
| 3. The mailing address (if different): $\mathcal{N}\mathcal{A}$ |
| 4. Date of incorporation/qualification: 7/18/97 Document number: P970000 6 2376 |
| 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) |
| Deceased - Patrick Magill |
| 1234 Concord St |
| Orlando, F132803 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| MARTHA D. WATT |
| 5335 Jessamine Lo. |
| Orlando, F1 32839 |
| 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. |
| Matte D. Watt MARTHAD. WATT, President Signature of an officer or director MARTHAD. WATT, President |
| 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. |
| Marte D. Watt . 12/1/6 Signature of Resistered Agent Bate |
| If signing on behalf of an entity: |
| Typed or Printed Name |

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