

P970000 76929

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T. CARTER

**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: Acology, Inc.

2. The principal office address: 912 Maertin Lane  
Fullerton, CA 92831

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/05/1997 Document number: P97000076929

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)

Fairbrother, Curtis  
11415 NW 123rd LN  
Reddick, FL 32686

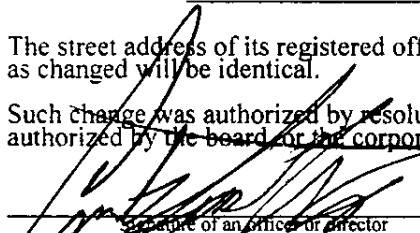
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.  
17888 67th Court North  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

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.

  
\_\_\_\_\_  
Signature of an officer or director

Curtis Fairbrother  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

12/11/2014  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jssie A Sorensen on behalf of InCorp Services, Inc.  
\_\_\_\_\_  
Typed or Printed Name

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

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