2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P97000082975

Entity Name: THE ARCHON PARTNERSHIP, INC.

Current Principal Place of Business:

817 S UNIVERSITY DR
STE 109
PLANTATION, FL 33324 US

New Principal Place of Business:

417 SW CALIFORNIA AVE
STUART, FL 34994 US

Current Mailing Address:

817 S UNIVERSITY DR
STE 109
PLANTATION, FL 33324 US

New Mailing Address:

417 SW CALIFORNIA AVE
STUART, FL 34994 US

FEI Number: 65-0783622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANTOR, SAMUEL J ESQ.
2499 GLADES RD
SUITE 210
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

OCAMPO, KARIN M
1720 SW CRANE CREEK AVE
PLAM CITY, FL 34990 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KARIN M. OCAMPO 04/06/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OCAMPO, RAUL
Address: 817 S UNIVERSITY DR STE 109
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OCAMPO, RAUL
Address: 417 SW CALIFORNIA AVE
City-St-Zip: STUART, FL 34994

Title: D ( ) Change (X) Addition
Name: OCAMPO, KARIN M
Address: 417 SW CALIFORNIA AVE
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL OCAMPO, JR. D 04/06/2009
Electronic Signature of Signing Officer or Director Date