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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : JOHN W. PERSSE CHARTERED  
Account Number : I20110000048  
Phone : (941) 366-7589  
Fax Number : (941) 366-0720

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: john@persselaw.com

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
JOHN W. PERSSE CHARTERED

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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

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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: John W. Persse Chartered
2. The principal office address: 1800 Second Street, Suite 747, Sarasota, FL 34236
3. The mailing address (if different): P.O. Box 3648, Sarasota, FL 34230
4. Date of incorporation/qualification: 11/14/1997 Document number: P97000097837
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)

John W. Persse

1990 Main Street, Suite 750

Sarasota, FL 34236

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

John W. Persse

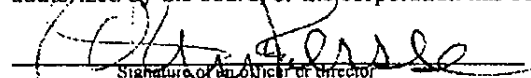
1800 Second Street, Suite 747

P.O. Box NOT acceptable

Sarasota, FL 34236

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

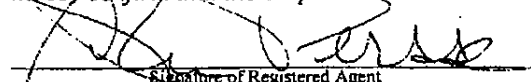
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

John W. Persse, President/Director

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

June 7, 2012

Date

If signing on behalf of an entity:

John W. Persse

Typed or Printed Name

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

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

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