P98000043042

(Requestor's Name)

EXHEDRA SOLUTIONS. INC
DBA RENTACODER
14310 N DALE MABRY HWY STE 280
TAMPA FL 33618-2059

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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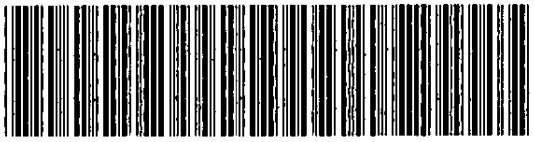

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FILED
2008 JUN 25 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB 6/27/08

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, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : Exhedra Solutions, Inc.

2. The mailing address of the corporation : 14310 N. Dale Mabry Highway Suite #280, Tampa FL 33618

3. Date of incorporation/qualification: 5/11/98 Document number: P98000043042

4. The name and address of the current registered agent and registered office:

Brenda Rose
405 Central Ave, Suite #200
St. Petersburg, FL 33701

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5. The name and address of the new registered agent (if changed) and /or registered office (if changed)
(P.O. Box NOT Acceptable)

Ian Ippolito
14310 N. Dale Mabry Highway, Suite #280
Tampa, FL 33618

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.

(Signature of an officer, chairman or vice chairman of the board) — 6/19/08 (Date)

Ian Ippolito CEO
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent) — 6/19/08 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314