Requester's Name Song 6 Trels City/St 1939 Park meadows Dr Phycro FL 33907 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 | | Total desired |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Corporation Name) | (Document #) | 5000044627359 -07/06/0101087001 ******35.00 ******35.00 |
| (Corporation Name) | (Document #) | <u> </u> |
| 3(Corporation Name) | (Document #) | · · · · · · · · · · · · · · · · · · · |
| 4(Corporation Name) | (Document #) | and the state of |
| ☐ Walk in ☐ Pick up time | <u>-</u> | Certified Copy |
| ☐ Mail out ☐ Will wait | Photocopy | Certificate of Status |
| NEW FILINGS | AMENDMENTS | |
| Profit Not for Profit Limited Liability Domestication Other Profit P | Amendment Resignation of R.A Change of Register Dissolution/Withda Merger | ed Agent |
| OTHER FILINGS | REGISTRATION/QU | ALIFICATION |
| ☐ Annual Report ☐ Fictitious Name | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other | p |
| | | Evaminer's Initials |

CR2E031(7/97)

STÅTEMENT 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 FLORINA | | |
| 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: SCNGBIRD'S ENTERPRISES, INC | | |
| The mand of the corporation: 30,000 to 1000 to | | |
| 1505.0 | | |
| 2. The mailing address of the corporation: 1939 PARK MGADOWS DR. | | |
| Ft Myers, 1-1 33907 | | |
| 3. Date of incorporation/qualification: 9/24/98 Document number: P980000 | | |
| 4. The name and address of the current registered agent and office: | | |
| Michael WERNON - | | |
| 1259 WOODRIDGE AVE. | | |
| NAPLS S. FL. 34103 | | |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changes): | | |
| (P. O. Box Not Acceptable) | | |
| JEANNETTE D. LINDER FOR | | |
| 2209 ALICE LANS | | |
| Orn | | |
| CLEARWATER, FL 33764 | | |
| 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. | | |
| (6/27/0) | | |
| (Signature of an officer, chairman or vice chairman of the board) (Date) | | |
| PERNISTTS N. LINISP POSSINGNT | | |
| (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. | | |
| 119 | | |
| (Signature of Registered Agent) (Date) | | |
| If signing on behalf of an entity: | | |
| JEANNETTE D. LINDER PRESIDENT | | |
| (Typed or Printed Name) (Capacity) | | |
| * * * FILING FEE: \$35.00 * * * | | |

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314