## P9900001747

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Fallahassee, Florida 32309 (850) 681-6528

## HOLD

FOR PICKUP BY UCC SÉRVICES OFFICE USE ONLY

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**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):** 

LISTING OF 39 CHANGE OF AGENT FORMS ATTACHED

Filing Evidence   □ Plain/Confirmation Copy		_ <del></del>	Type of Document  ☐ Certificate of Status	
.,				
□ Certified Copy		U Certificate of G	☐ Certificate of Good Standing	
		□ Articles Only		
		□ All Charter Do	□ All Charter Documents to Include	
Retrieval Request		Articles & Ame	Articles & Amendments	
□ Photocopy		□ Fictitious Name	e Certificate	
□ Certified Copy		□ Other.		
NEW FILINGS		AMENDMENTS	7	
Profit		Amendment	.]	
Non Profit		Resignation of RA Officer/Director		
Limited Liability	X	Change of Registered Agent	39 Ficing	
Domestication		Dissolution/Withdrawal	See List	
Other		Merger		
	<del> </del>		$\neg$	
OTHER FILINGS		REGISTRATION/QUALIFICATION	_	
Annual Reports		Foreign		
Fictitious Name		Limited Liability		
Name Reservation		Reinstatement		
Reinstatement		Trademark		
		Other		

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

statement of change is subn	nitted for a corporation org	ganized under the laws of the State of	of FL
		gistered agent, or both, in the State of	of Florida.
1. The name of the corporat	tion: COADVANTAGE RES	SOURCES 18, INC.	
2. The principal office addr	ess: 3350 BUSCHWOOD P	ARK DR STE 200, TAMPA FL 3361	8
3. The mailing address (if d ORLANDO, FL 3280)		BLVD, ATTN: D LEMKE STE 600,	
4. Date of incorporation/qua	alification: 12/31/1998	Document number: P9900	0001747
	ress of the current registere rate: (If resigned, enter resi	ed agent and registered office on file gned)	with the
SJOBECK	, JEFFREY J		
3350 BUSG	CHWOOD PARK DR STE 2	200	
TAMPA, F	°L 33618	5	=
6. The name and street addr (if changed):	ress of the new registered a	gent (if changed) and /or registered	**************************************
NRAI Serv	rices, Inc.		
1200 Sout	h Pine Island Road		
	P.O. Box 1	NOT acceptable	- 2:21 - 3:35
Plantation,	Florida 33324		_
The street address of its reas changed will be identicated	gistered office and the stre	eet address of the business office of	f its registered agent,
Such change was authorized authorized by the board, or	ed by resolution duly adop the corporation has been	ted by its board of directors or by a notified in writing of the change.	an officer so
CM11		JEFFREY J SJOBECK, SECRET	ΓARY
dudre of an officer		Printed or typed name and	
performance of my duties, agent. Or, if this documen hereby confirm that the confirmation is the confirmation.	and I am familiar with an It is being filed merely to r rnoration has been notifie	and agree to act in this capacity. tatutes relative to the proper and co d accept the obligation of my positi eflect a change in the registered of d in writing of this change.	omplete ion as registered fice address, I
NRAI Services, Inc. By:	Ed Hand	6/30/14	
Signature of Regis		Date	
If signing on behalf of an e	entity:		
ED HAND, ASST SEC			
Typed or Printed		ሮሮሮ. ድንድ ለለ ቀ ቀ ቀ	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)