## P9900001753

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
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## **COVER LETTER**

TO:	Amendment Sect Division of Corp			
CIIDI	ECT:_	CoAdvantage Resources 19,	Inc.	
SUDJ	ECI:	Name of Co	rporation	
DOC	UMENT NUMBEI	R: P9900001753		
The e	nclosed Statement o	of Change of Registered Office	Agent and fee are submitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Darlene Lemke		
		Name of Con	act Person	
		CoAdvantage		
		Firm/Cor	npany	
		111 W Jefferson St		
		Addre	:SS	
		Orlando, FL 32801		
		City/State and	Zip Code	
	E-ma	dlemke@coadvanta	ge.com ture annual report notification)	
			·····	
For fu	rther information co	oncerning this matter, please ca	ıll:	
	Darlene Lemk	e	at ( 407 ) 447-1895	
·	Name of C	Contact Person	at ( 407 ) 447-1895 Area Code & Daytime Telephone Number	r
Enclos	sed is a \$35.00 chec	k made payable to the Departn	nent of State.  TAGE CREATER ARE	-77
	Ā E P	Mailing Address: Amendment Section Division of Corporations CO. Box 6327 Callahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

TO:

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

statement of cha	ange is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FLORIDA red office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation:	CoAdvantage Resources 19, Inc.		
2. The principal office address:		3350 Buschwood Park Drive - Ste 200		
		Tampa, FL 32801		
3. The mailing address (if different):		111 W Jefferson St		
		Orlando, FL 32801		
4. Date of incorp	poration/qualification:	12/31/1998 Document number: P99000001753		
	I street address of the criment of State: (If resi	current registered agent and registered office on file with the gned, enter resigned)		
	Mark Lowrey			
111 W Jefferson Street				
	Orlando, FL 3	2801		
6. The name and (if changed):	l street address of the n	ew registered agent (if changed) and /or registered office		
	Jeffrey J. Sjobe	eck		
	3350 Buschwo	od Park Dr - Ste 200		
		P.O. Box NOT acceptable		
	Tampa, FL 33	618		
The street addre	ess of its registered off be identical.	ice and the street address of the business office of its registered agent,		
		tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.		
W	· W	Miguel A. Maseda, President/சேஜ் ம்		
I hereby accept I further agree t performance of agent. Or, if thi	my duties, and I am fa 's document is being fi	gistered agent and agree to act in this capacity.  visions of all statutes relative to the proper and complete iniliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, Lass been notified in writing of this change.		
Sign	My bijkegiskred Agent	9 36 13 PM 23 PM 24 PM 2		
If signing on bel	half of an entity:			
Jef	frey J. Sjobeck			
	ped or Printed Name	<del></del>		

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