Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : FOLEY & LARDNER

Account Number : I19980000047

Phone : (407)423-7656

Fax Number

: (407)648-1743

REGISTERED AGENT CHANGE

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AMBER GROUP, INC.

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Document prepared by: Carol Borglum

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8/11/2009

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CR2E045 (8/05)

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute nge is submitted for a corporation organized under the laws of the State of Florid r to change its registered office or registered agent, or both, in the State of Florida	da		
	he corporation: Amber Group, Inc.			
2. The principal of	office address: 700 West Granada Blvd., Suite 201, Ormond Beach,	FL 32	174	
2. The principal				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 2/26/1999 Document number: P990	00018	827	
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	;		
	A.G.C. Co.	₹	2(
	200 South Orange Avenue, Suite 2300	SEC)09 A	•-
	Orlando, Florida 32801	HAS ETA	<u>ਛ</u>	-
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered office	RY OF S	2009 AUG 1 1 PM 3:	1
	F&L Corp.	ORI ORI		
	One Independent Drive, Suite 1300	D		
	P.O. Box NOT acceptable Jacksonville, Florida 32202-5017			
The street address changed will	css of its registered office and the street address of the business office of its registered.	gistered	agent,	
	as authorized by resolution duly adopted by its board of directors or by an offi- he board, or the corporation has been notified in writing of the change.			
Job L	ire of an officer or director Stacy Echbors Vinited by typed have and title	1.12		
I hereby accept I further agree of my duties, an document is be corporation ha F&L COrp.	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complet and familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby cospen notified in writing of this change.	e perfor ent. Or infirm th	mance , if this hat the	
	Figure of Registered Agent Date			
If signing on be	ehalf of an entity:			
	Sanders, Authorized Agent Typed or Printed Name			
	* * * FILING FEE: \$35.00 * * *			
М	Make checks payable to Florida Department of State (ail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 323)	14		