## P990000 41915



UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, FL 32301 (850) 681-6528

## HOLD

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Profit	Amendment	
NonProfit	Resignation of R.A. Officer/Director	Certificate of FICTITIOUS NAME
Limited Liability	Change of Registered Agent	Certificate of FICTITIOUS NAME
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Other	Merger	FICTITIOUS NAME SEARCH
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## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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 ofFlorida
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 is: Offourbacks.Com, Inc.
1. The hand of the corporation is:
2. The mailing address of the corporation is: 430 Holt Avenue, Winter Park, FL 32789
3. Date of incorporation/qualification: 05/07/99 Document number: P99000041915 4. The name and address of the current registered agent and office:
UCC Filing & Search Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Swann & Hadley, P.A.  1031 West Morse Boulevard  Suite 270
Winter Park, FL 32789
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.
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(Signature of an office, chauman or new chauman of the board)
(Signature of an office, chairman or the chairman of the board) (Date)
Todd Anthony Magargee Co-President
(Francei or typed name and title)
Eaving 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 auties, and I am familiar with and accept the obligation of my position as registered agent.
Swaini & Hadley, P.A.
By: (Signature of Registered Agent) (Date)
If signing on behalf of an entity:

Secretary/Attorney

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