UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, FL 32301 (850) 681-6528 FOR PICKUP BY OFFICE USE ONLY (Document #)

UCC SERVICES

OFFICE	OSE ONL	.1 (Document #)	
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CORPORATION NAME(S) AND DOCUMENT NUMBER(S)	(if known):
	Change
Walk In Pick Up Time Mail Out	Certified Copy Certificate of Figure 2
Will Wait	Certificate of Good Standing
Photocopy	☐ ALL CHARTER DCS
Profit NonProfit NonProfit Limited Liability Domestication Other Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of FICTITIOUS NAME FICTITIOUS NAME SEARCH
Annual Report Fictitious Name Reservation Reinstatement Trademark Other	CORP SEARCH 33 33 33 33 33 33 33 33 33 33 33 33 33
Ordered By: Date:	8/24/99

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

-	rporation organized under the laws of th lowing statement in order to change its re	- · · · · · · · · · · · · · · · · · · ·	both, in the
State of Florida	z.	•	
1. The name of	the corporation is: XERO DI	VIDE, INC.	
2. The mailing	address of the corporation is:X	ERO DIVIDE, INC.	
760	8th Court, Suite 6, Ver	0 Beach, FL 32962	
	rporation/qualification: July 26, 19	·	000065936
4. The name an	d address of the current registered agent a	nd office:	
	UCC Filing & Search Services,	Inc.	
	526 E. Park Avenue	SECIVIA N	
	Tallahassee, FL 32301	UG 2	
5. The name an	d address of the new registered agent and		ח
	TREVOR COPPOLA)
	760 8th COURT, Su	te b	
	Vero Beach, FLA:	<u> </u>	
The street addr agent, as chang	ess of its registered office and the stree ed, will be identical.	address of the business office of its	registered
Such change wauthorized by t	as authorized by resolution duly adopte he board.	d by its board of directors or by an o	fficer so
V 70		V stulan	-
(Signature	of an officer, chairman or vice chairman of the boa	rd) (Date)	
PRE	SIDENT, TREVOR COPPO LA (Printed or typed name and title)		
corporation, 1 r I fürther agree performance of	amed as registered agent and to accept hereby accept the appointment as regist to comply with the provisions of all sta my duties, and I am familiar with and	service of process for the above state ered agent and agree to act in this co utes relative to the proper and comp accept the obligation of my position o	d spacity. lete 25
reğistered agen		1 0/10/2	
(S	ignature of Registered Agent)	(Date)	
f signing on beha	TREVOR COPPOLA	<u> </u>	
			. ,
(Typed or Printed Name)	(Capacity)	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(7/97)

DIVISION OF CORPORATIONS