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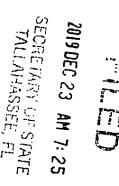
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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Two Dee, Inc. Name of Corporation DOCUMENT NUMBER: S25683 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sandra Z. Green Name of Contact Person Jonathan H. Green & Associates, P.A. Firm/Company 800 Brickell Avenue, Suite 1400 Miami, Florida 33131 City/State and Zip Code cooperscientific@msn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sandra Z. Green Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga fer to change its registered office or regis	nized under the laws of the S	State of Florida	
1. The name of	the corporation: Two Dee, Inc.			
2. The principal	office address: 5930 SW 113 Co	ourt, Miami 33173		
3. The mailing a	address (if different):			
4. Date of incor	rporation/qualification: 01/16/1991	Document number: S	S25683	
	nd street address of the current registered artment of State: (If resigned, enter resign		n file with the	
	Steven M. Ackerman			
	7300 SW 140 Avenue Mian	ni, Florida 33183	2019 DEC 23 SECRETARY	
			DEC 2	
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or regist	tered office	
	Jonathan H. Green & Association	ciates, P.A.	7:21 STA STA	
	800 Brickell Avenue, Suite 1400			
	P.O. Box NOT acceptable Miami, Florida 33131			
The street addreas changed will	ress of its registered office and the street I be identical.	t address of the business offi	ice of its registered agent,	
Such change wa	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or otified in writing of the chan	r by an officer so age.	
Signatu	ure of an Afficer or director	Printed or typed nat	Cooper	
I further agree of performance of agent. Or, if the	t the appointment as registered agent ar to comply with the provisions of all stat f my duties, and I am familiar with and a uis document is being filed merely to ref a that the corporation has been notified	tutes relative to the proper a accept the obligation of my p lect a change in the register	ind complete position as registered	
	No	11.18.20	019	
	ghdure of Registered Agent chalf of an entity:	Date		
Jonan		Perident		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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