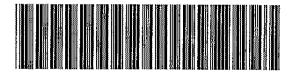
546635

(Re	equestor's Name)	
(Ad	ldress)	
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	ty/State/Zip/Phone	a 40
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	of Status	
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Charvee of Reg. office ADD DESS (Name of corporation)
DOCUMENT NUMBER: 544635
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:
(Name of person)
(Name of firm/company) 1400 NW107 the #209 (Address)
1400 NW107 Tave #209 (Address)
MIAMI H 33172 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

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

Pursuant to the pro	visions of sec	tions 607.0502, 6	<i>17.0502, 607</i> .	1508, or 617.15	i08, Florida Sta	atutes,
this statement of cha	inge is submiti	ted for a corporati	on organized	under the laws o	f the State of	
FLA	_ in order to	change its registe	red office or	registered agent,	or both, in the	State ,
of Florida.		1) Profess	CONAL MA	ss Marketi	ng Intern	ational Luc.
1. The name of the c	orporation:	PROF MAS	S MKITE	: INTIL	INC	
2. The principal office	ce address:	1400 M	JW 10	7 Ave.	Suite !	+209
		Minni	Fla 33	172		<u>.</u>
3. The mailing addre	ess (if differen	t):			Z	ອ
					50	10 marks
4. Date of incorporat	tion/qualificat	ion: <u>8-17-</u>	7.7 Do	cument number:	5466	5 5
5. The name and stre		the current register	red agent and	registered office	on file With the	- 1 :
Florida Departmen		1.		,	, Fr	180 cm 120
		Kohent.	5. N	ecempas		
		Robert 6 Pale	eno A	ve.		3
, <u> </u>				7h 3513		•
6. The name and st	reet address c	of the new register	red agent (if	changed) and /or	r registered off	ice (if
changed):		^	• `	• ,	-	(
		Robert 1400 / (P.O. Box or personal mai	WW 10	7AL A	209	
. 		(P.O. Box or personal ma	ilbox NOT acceptal	ole)		
		1711	i Fe	33172	· .	see
The street address o agent, as changed w	f its registered ill be identica	d office and the still.	reet address o	f the business of	fice of its regis	itered
Such change was au authorized by the bo	thorized by re	esolution duly ado	pted by its bo	ard of directors	or by an office	r so
aumorized by the be	jard, or the co	iporation has been	n nomied in v	withing of the cha	Neuro	NN
(Signature of an officer, chair	man or vice chairme	n of the board)	(Pri	nted or typed name and i		
I hereby accept the I further agree to co performance of my o registered agent. O office address, I her	omply with the	r provisions of all im familiar with a	statutes relati	ive to the proper obligation of m flect a change in otified in writing	ana complete y position as the registered of this change	<u></u>
.(Signatur	re of Registered Age	int)		8-00-0 (Date)	9.2	
If signing on behalf of a	m amtitus			4		
R	sheet 5	Neyman	,	PRISTS	ee/Treas	een
(Typed	or Printed Name)			(Capacity)		

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