N1200006414

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE TALL AHASSEE, FLORIDA

JAN 0 9 2015 T. CARTER

COVER LETTER

TO:	Amendment Section Division of Corporations
CITAL	Forward March, Inc.
SUBJ	ECT:Name of Corporation
	N12000006414
DOC	JMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ronald E. Birchall
	Name of Contact Person
	Forward March, Inc.
	Firm/Company
	4009 Moultrie Foreside Blvd.
	Address
	St. Augustine, Florida 32086
	City/State and Zip Code
	rebirch@comcast.net
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Char	les M. Wiecking, Jr. 904 461-8428
	Name of Contact Person at (
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Malling Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

BOTH FOR CORPORATIONS	•
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	·
Forward March, Inc. 1. The name of the corporation:	
2. The principal office address: St. Augustine, Florida 32086	
3. The mailing address (if different): # R-21 4255 US HIGHWAY / SOUTH,	STE18
57. AUGUS TINE, FL 320 86 4. Date of incorporation/qualification: Document number:	
4. Date of incorporation/qualification: Document number:	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Allegiance Law Group, PL	
304 Kingsley Lake Drive Suite 602	~ -
St. Augustine, Florida 32092	SECRE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	FILEI TARY O
Charles M. Wiecking, Jr.	1950 1950
1453 Corunna Street	TATE ORIO/
P.O. Box NOT acceptable St. Augustine, Florida 32080	ъ
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
RONALO E. BIRCHALL PRESO	OENT
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 duties, and I app familiar with and accept the obligation of my position as registere agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. W	ed
If signing on behalf of an entity:	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

Typed or Printed Name