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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<i>⊋ #</i>)
PICK-UP	WAIT	MAIL
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Interactive training Group, INC. (Name of corporation)
DOCUMENT NUMBER: <u>P97 000 (0 1016</u>
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:
FRANK TEPLITZEY (Name of person)
Interactive TRAINING GROUP, INC (Name of firm/company)
1862) Brookhust st #615 (Address)
Fountain Valley CA92708 (City/state and zip code)
For further information concerning this matter, please call:
FRANK Tepl (72Ky at (714) 553 8648 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

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

TO:

Amendment Section

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



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, 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. 1. The name of the corporation: Intractive Training Crup, Inc.	
2. The principal office address: 4630 S. KIRKMAN Poad #734	
Dalando, FC 32807	
3. The mailing address (if different): 18627 Brookhurs + 9+ #615	<u>.</u>
Fountsin Uniley, LA 92708	
4. Date of incorporation/qualification: 11/2 5-//97 Document number: P97 00010 1016	,
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
TEPLIFZRY, BURT ALAN	
100 55 Slater AVE	
FUUNTAIN VAILEY, FL 92708	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
4630 S. KINKMAN Rud Suite 734 (P.O. Box or personal mailbox NOT acceptable)	
0v1nndo, FL 37807	
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, or the corporation has been notified in writing of the change.	
Signature of an othicer, chall man of vice chapman of the board) FRANK TEPLIFZING (Printed or typed name and title)	
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 am familiar with and accept the obligation of my position as registered 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.	
(Signature of Registored Agent) (Date)	
If signing on behalf of an entity: FRANK Tept It2ky (Typed or Printed Name) PS 2 (Capacity) (Capacity)	
(Typed or Printed Name) / (Capacity) (Capacity) *** FILING FEE: \$35.00 ***	
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	7