F01000000575

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COVER LETTER

Division of Corporations				
SUBJECT: The Ownership Solutions, Inc. (Name of Corpo	oration)			
DOCUMENT NUMBER: F07000000575				
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to t	he following:			
David R. Punzak, Esquire (Name of Contact	Person)			
Carlton Fields, P.A. (Firm/Company)				
(Titti/Compt	,			
200 Central Avenue, Suite 2300				
(Address)				
St. Petersburg, Florida 33701 (City/State and Z	in Code)			
For further information concerning this matter, please call:	,, 0040)			
David R. Punzak, Esquire (Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departmen				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{D}{D}$ or to change its registered office or registered agent, or both, in the State of Flo	elaware	·S	-
1. The name of	the corporation: The Ownership Solutions, Inc.			
2. The principal	office address: 700 7th Avenue N, St. Petersburg, Florida 33701		 .	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 01/30/2007 Document number: F0700000	0575		
	d street address of the current registered agent and registered office on file with rtment of State:	the		
	Susan Bankosz			
	1631 Commerce Avenue N.			
	St. Petersburg, Florida 33716	SEC	07	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	RETAR) AHASSI	OCT -2	==
	James K. Layton		*	
	700 7th Avenue N.	STA1	=	
	(P.O. Box NOT acceptable) St. Petersburg, Florida 33701	A E	84	
as changed will	ess of its registered office and the street address of the business office of its lbe identical.			nt.
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an class board, of the corporation has been notified in writing of the change.	officer so	,	
(Signat	pre of an office ordirector) JAMES (AUTON) (Printed of typed name and lift	ie) To E	SLD	Ēγ£
I hereby accep I further agred of my duties, a document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	olete per agent. (confirm	forma Or, if t 1 that t	nce his the
	9-28-67			
	Inhture of Registered Agent) (Date)			
II signing on y	ehalf of an entity:			
<u> </u>	Ex Com TaN Typed or Printed Name)			

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

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