

**Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone

: (608)827-5300

Fax Number

: (608)827-5501

## REGISTERED AGENT CHANGE

MADISON AVENUE ADVISORS, INC.

Certificate of Status	0
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Corporate Filing Menu

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

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
	of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State	
of Florida.		
1. The name of the corporation: Madison Avenue Securities, Inc.		
2. The principa	l office address: 10731 Treena Street, Suite 201, San Diego, CA 92131	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 5/18/2007 Document number: F07000002650	
5. The name an Florida Depa	d street address of the current registered agent and registered office on file with the attment of State:	
	NRAI SERVICES, INC.	
	2731 EXECUTIVE PARK DR. STE 4	
	WESTON FL 33331	
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if Business Filings Incorporated	
	1203 Governors Square Blvd, Suite 101	
	(P.O. Box or personal mailbox NOT acceptable)	
	Tallahassee, Florida 32301-2960	
The street addragent, as chang	ess of its registered office and the street address of the business office of its registered ed will be identical.	
Such change wanthoffzed by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Stylle	Stephanie M. Akerstrom, President Chairman or vice chairman of the board)  (Printed or typed name and title)	
I hereby accept I further agree performance of	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 complete my duties, and I am familiar with and accept the obligation of my position as t. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.	
Mu	08/18/08	
	ignature of Registered Agent) (Date)	
If signing on behal Mark Williams	-	
	AVP	
C	(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS 1.0, Box 6327, Tallahassee, FL 32314