Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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ECKETARY OF STATE
LLAHASSEF FLORINA

REGISTERED AGENT CHANGE STRATEGIC PRODUCTS AND SERVICES, INC.

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C.COULLIETTE

Electronic Filing Menu

Corporate Filing Menu

JUL Help 2011

EXAMINER 7/15/2011

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, the ganized under the laws of the State of New Jors gistered agent, or both, in the State of Florida.	
	f the corporation: STRATEGIC PRO	•	
2. The principa	of office address: 300 Littleton Road,	, Ste, 200, Parsippany, NJ 07054	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 08/03/2009	Document number: F09000003085	
	nd street address of the current registere artment of State:	ed agent and registered office on file with the	
	Corporation Service Company	·	
	1201 Hays Street		
,	Tallahassee, FL 32301		
6. The name an (if changed):		agent (if changed) and for registered office	M JUL 15
	John N Poole		
	1501 East 9th Avenue		
	(P.O. Box NOT accept	able)	3
	Tampa, FL 33605	and a sure of the department of the supple o	\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac
The street address changed will	ress of its registered office and the ste ll be identical.	eet address of the business office of its register	ed Rent
Such change wanthonized by	vas authorized by resolution duly adol the board, or the corporation has been	pted by its board of directors or by an officer so a notified in writing of the change.	0
YHA	cure tathely	/ Maureen Cathell, Vice President	
1 , "	thre of no officer or director) If the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the s eing filed merely to reflect a change it as been notified in writing of this char	(Panted or typed name and little) t and agree to act in this capacity. statutes relative to the proper and complete per obligation of my position as registered agent. in the registered office address, I hereby confirm nge.	formance Or, if this n that the
By: ()	100	July 12, 2011	
· (S	ignature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
John N Poole	:		
	(Typed or Printed Name)		
	* * * PTT INC	EEE, 425 00 * * *	

FILING FEE: \$35.00