

F130000001773

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

☐ MAIL

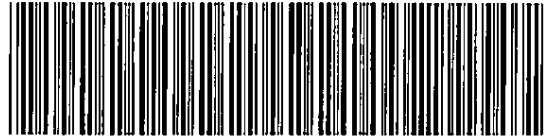
(Business Entity Name)

(Document Number)

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Ra office Change

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ACTIVE MARKETING GROUP INC  
Name of Corporation

DOCUMENT NUMBER: F13000001773

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:

CHERRI HAWES

Name of Contact Person

ACTIVE MARKETING GROUP INC.

Firm/Company

401 CHURCH STREET UNIT 1424

Address

O'FALLON, MO 63366

City/State and Zip Code

CHERRI@ACTIVEMARKETINGINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERRI HAWES

Name of Contact Person

at (636) 978-6161

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

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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RECEIVED

**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 MISSOURI in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACTIVE MARKETING GROUP INC.
2. The principal office address: 401 CHURCH STREET UNIT 1424 O'FALLON, MO 63366
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/29/1995 Document number: F13000001773
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)

TODD F GRISOFF

4640 GULFSTARR DR

DESTIN, FL 32541

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TODD F GRISOFF

285 CORINTHIAN PLACE

P.O. Box 501 acceptable

DESTIN, FL 32541

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.

Cherri D. Hawes  
Signature of an officer or director

CHERRI D. HAWES

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.

Todd F. Grisoff  
Signature of Registered Agent

11/30/2023  
Date

If signing on behalf of an entity:

TODD F GRISOFF  
Typed or Printed Name

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

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

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