105650

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg

Office Use Only



800138496018

12/15/08--01021--024 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mr. S

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: CMB Marketing Consultants, Inc. (Name of Corporation)
DOCUMENT NUMBER: J05650
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:
Tohn Tompkins (Name of Contact Person)
CMB Marketing Consultants, Inc
P.O. Box 5617 (Address)
Lakeland FL 33807 (City/State and Zip Code)
For further information concerning this matter, please call:
Tohn Tompkins at (863) 7/2-0832 (Name of Contact 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 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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
1. The name of the corporation: CMB Marketing Consultants, Inc
2. The principal office address: 6345 Sedgeford Dr, Lakeland FL, 33811
3. The mailing address (if different): D.D. Box 5617, Lakeland, FL 33807
4. Date of incorporation/qualification: 3/24/1986 Document number: <u>T0.5650</u>
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)
Frank E Chiozza PES SE TI
Lakeland, F1 33815
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): David Prater, Pres
6345 Sedge ford Dr (P.O. Box NOT acceptable)
Lakeland, FL 33811
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. To hor Tompking (Signature of an officer or director) (Printed or typed name and title)
hereby accept the appointment as registered agent and agree to act in this capacity. If 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.
D-10-08
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
DAVIA A. RNATER (Typed or Printed Name)

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