J48732

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TRANSMITTAL LETTER

Division of Corporations Professional Planners Marketing Group, Inc. (Name of corporation) **DOCUMENT NUMBER:** J48732 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: Michael A. Lampert, Esquire (Name of person) Professional Planners Marketing Group, INc. (Name of firm/company) 1655 Palm Beach Lakes Blvd., Suite 900 (Address) West Palm Beach, FL 33401 (City/state and zip code) For further information concerning this matter, please call: Michael A. Lampert (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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TO:

Amendment Section

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

	of change is submitted for a c	corporation organized under the laws of the State of
of Florida.	in order to change it	ts registered office or registered agent, or both, in the State
o <i>j Florida.</i> 1. The name o	f the cornoration. Professions	al Planners Marketing Group, Inc.
		wy 1, P.O. Box 14457, North Palm Beach, FL 33408
• •		9 4 9 B
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 12	/19/1986 Document number: J48732
	nd street address of the currer partment of State:	nt registered agent and registered office on file with the
	Michael A. Lampert	
	_ 3970 Burgoyne Lane	
	West Palm Beach, FL 3340	99
6. The name a changed):	and street address of the nev	v registered agent (if changed) and /or registered office (if
	1655 Palm Beach Lakes Blv	
		personal mailbox NOT acceptable)
	West Palm Beach, FL 3340	7
		nd the street address of the business office of its registered
Such change vauthorized by	was authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
(Signature of an office	cer, chairman or vice chairman of the board	Michael A Langettesq., (Printed of typed name applitte)
I hereby accept further agree performance of registered age office address	ot the appointment as registe e to comply with the provision of my duties, and I am familiant. Or, if this document is but, I hereby confirm that the co	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete ar with and accept the obligation of my position as eing filed merely to reflect a change in the registered or poration has been notified in writing of this change.
	(Signature of Registered Agent)	(Date)
If signing on beh	•	
Michael A. Lar	Typed or Printed Name)	Registered Agent (Canacity)
	CI YOUR OR I I BIRCUI I WELLEY !	(\approx apachy)

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