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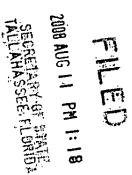
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ROR 8/14/08

COVER LETTER

Division of Corporations
SUBJECT: Urban Training Network Inc (Name of Corporation)
DOCUMENT NUMBER: NOZOOOO ZZOI
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:
Steven R Danceson EA (Name of Contact Person)
(Name of Contact 1 croon)
Tax Team Inc (Firm/Company)
8569 Pines Blud Ste 214
(Address)
Pembroke Pines & 33024 (City/State and Zip Code)
For further information concerning this matter, please call:
Gleven R Daniel son EA at (954) 441-1404 (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 Clifton Building Tallaharan FL 23214

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

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

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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 Florida.	
1. The name of the corporation: Urban Training Network Inc	
2. The principal office address: 390 NE 88th 5thet Manu R 33138	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/26/2002 Document number: NO20000022	0 1
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Nancy M Arroyo % Solms + Associates Page =	
Nancy M Arroyo % Solms + Associate Pen 量 9100 S. Dadeland Blut Ste 1602 量	
Manu & 33156 SSE =	m
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	U
Tax leam Inc 90 Acoth mindson	
8569 Pines Blud Sk Z14	
8569 Pines Blud Sk 214 (P.O. Box NOT acceptable) Pembroke Pines R 33024	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	ı
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.	
Patrick Carrington President (Signature of an officer or director) Patrick Carrington President (Printed or typed-hame 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.	e s ?
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Steven R Danielson, EA (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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