## W03000000479

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL .
<b>(</b> Bu	isiness Entity Nam	e)
. (Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ · Certificates	of Status:
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE: FLORID.

Office Use Only

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2009

Thomas P. Brooks Jr.
Money Managers, Incorporated
P.O. Box 2211
Dunedin, FL 34697

SUBJECT: MONEY MANAGERS, INCORPORATED

Ref. Number: N03000000479

We have received your document for MONEY MANAGERS, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please list the new registered agent's address in the 6th paragraph.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 109A00033237

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: MANAGERS INCORPORATED Name of Corporation		
DOCUMENT NUMBER: Po 9 0000 79824		
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:		
Jenniter tear Name of Contact Person		
Money MANAGERS TAKORPORATED		
Po Box 2211 Address		
DUNEDIA, FL. 34697 City/State and Zip Code		
HONEY MANAGERS. DAYEE & COMAI. COM E-mail address: (1) be used for future annual report notification)		
For further information concerning this matter, please call:    Text   FeAR   at (727) 502 0516   Name of Contact Person   Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Already Recieved		
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle		

Tallahassee, FL 32301

## 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 Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Money MANAGERS THORPORATED
2. The principal office address: 2410 North side Dirive
Clearwater, FL, 33.761
3. The mailing address (if different): Po Box 2211
DUNEDIN, FL. 34697
4. Date of incorporation/qualification: 3/8/6/99 Document number: No 3 00000 479
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)
Spiegel + Utreiza, P.A.
243 Alyeria Ale
CORAL GAbles, FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jennifer K FEAR!
3748 Moog BOAD 375 =
Holiday, FL. 34691
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.
Signature of an officer or director  Thomas P. Brcc/'s Dic.  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.
Wennighature of Registreed Agent 10/28/09 Date
If signing on behalf of an entity:
Sealetter F. Tear?

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