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CCM INC. 851 E. State 2d 434 Ste 132 Longwood, Pl 32750	JALINE WARY OF STATE	02 JUN 24 PM 4: 02	
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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	AMENDMENTS	
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☐ Profit ☐ Not for Profit	Amendment Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
OTHER FILINGS	REGISTRATION QUINDATE TO THE REGISTRATION OF T	
Annual Report	Foreign	<u>-</u> .
Fictitious Name	Limited Partnership	<b>.</b>
	Reinstatement Trademark	
	Other	

CR2E031(7/97)

Examiner's Initials S

## 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,
the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Consumer Concepts of Marketing INC.
2. The mailing address of the corporation: 643 LANCE C+
OVIEDO, 71 32765
3. Date of incorporation/qualification: 64/25/02 Document number: P0000051085
4. The name and address of the current registered agent and office:
Fred Kempfo
101 Wymore Rd Stell Fill
Altomonte Springs, F132714 85
5. The name and address of the new registered agent (if changed) and/or registered office (if changed).  (P. O. Box Not Acceptable)
ED Holden
851 E. STATE Rd 434 Ste 132 PM
Longwood, F1 32750
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.
Sol Holden Glavlan
(Signature of an officer, chairman or vice chairman of the board) (Date)
Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(9/00) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
DEPartment of State 409 E. Gaines St

TAllahassee, FL 32399