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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: FCA000000023 : (850)222-1092

Phone Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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L'AHASSEE, FLOWE

## REGISTERED AGENT CHANGE ROSS MARTIN CONSULTANTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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RARD (18/11

## COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	ROSS MARTIN CONS	SULTANTS, INC.		
	Name of	Corporation		
DOCUMENT NUMBE	NUMBER: P00000061751			
The enclosed Statement	of Change of Registered Offi	ice/Agent and fee are submitte	ed for filing.	
Please return all correspondence	undence concerning this matt	er to the following:		
		n Martin		
***************************************	Name of C	ontact Person		
		ONSULTANTS, INC.		
,	Firm/C	Company		
		ORE DRIVE #202		
	Ac	ldress		
		S FL 34108		
	·	and Zip Code		
E-m		9@aol.com future annual report notifi	cation)	
	·			
For further information	concerning this matter, please	e call:		
K	arin Martin	aı ( 239 )	594-8365	
Name of	Contact Person	Area Code & Daytin	ne Telephone Number	
Enclosed is a \$35.00 ch	eck made payable to the Depa	artment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Se		
	Division of Corporations P.O. Box 6327	Division of Co Clifton Buildin		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

1 Th	of the corporation: ROSS MARTIN CONSUL	JANTS, INC.	
	or the corporation:  pal office address: 9415 GULF SHORE DRIV		
2. The princi	par other address.		
3. The mailir	ng address (if different):		
4. Date of in	corporation/qualification: 06/26/2000	Document number:	
	and street address of the current registered as epartment of State: (If resigned, enter resigne		le with the
	NAPLES-LAWDOCK, INC.		
	1395 PANTHER LN STE 300		
	MADI DO DE BALDO BOTA HO		11 DI
6. The name (if change	and street address of the new registered ager		od office
	C T Corporation System		<b>A</b>
	c/o C T Corporation System, 1200 South I	Pine Island Road	
	P.O. Box NO	T acceptable	
	Plantation, Florida 33324		
	ddress of its registered office and the street will be identical.		
Such change authorized b	e was authorized by resolution duly adopte by the board, or the corporation has been a	d by its board of directors or i ptified in writing of the chang	by an officer so e.
- Ua	minimum deartin	Karin Martin, Printed or typed man	Secretary
I hereby acc I further ago of my duties document is corporation	ept the appointment as registered agent at ree to comply with the provisions of all stat , and I am familiar with and accept the ob being filed merely to reflect a change in the has been notified in writing of this change	nd agree to act in this capacit tutes relative to the proper an ligation of my position as reg ne registered office address, I	y d complete performance istered agent. Or, if this hereby confirm that the
By:	CT Corporation System Rubecca Bo		
	Signature of Registered Agent	Date	
-	n behalf of an entity:		
Rebecca I	Barth, Assistant Secretary		

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