Pooool3416 Pioneer Marketing, Inc. Requester's Name 1038 Tamco Rd. Address Reidsville, UC 20320 City/State/Zip Phone

Office Use Only

10/15/01

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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NEW FILINGS		<u>AM</u>	<u>IENDMENTS</u>	-	,
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OTHER FILINGS		<u>RE</u>	GISTRATION/Q	<u>UALIFICATION</u>	STAT
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CR2E031(7/97)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FØR 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 Floring
submits the following statement in order to change its registered office or registered agent, or both, in the
1. The name of the corporation: Propert Marketing, Inc.
2. The mailing address of the corporation: <u>L38 Tames</u> Rd.
- Reidsville, NC 27320
3. Date of incorporation/qualification: 12-06-00 Document number: Pocoo 11347
4. The name and address of the current registered agent and registered office:
Many Cook
1223 Pathway De:
The Farmer to
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
JIM HAII Shuford
4611 SAM SIRO DR
SARASOTA, Florida 34235
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
William Frank Patton Jr U.P.
(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 dities, and I am familiar with and accept the public of the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(len N Shift 10-5-05
(Signature of Registered Agent) (Date)
if signing on behalf of an entity:
Tim HAIL Shu Ford KEgister Agent (Typed or Printed Name) (Capacity)
(Capacity)

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