P01000025397

| (Re | questor's Name |) |
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| (Cit | y/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to I | Filing Officer: | |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: BOSTON MAN MARKETING, INC. (Name of corporation) DOCUMENT NUMBER: POIOOO025397 |
| DOCUMENT NUMBER: PO1000025397 |
| 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: |
| NEIL ROGEN (Name of person) |
| BOSTON MAN MARKETING INC. (Name of firm/company) |
| 11826 HICHLAND PL (Address) |
| CORAL SPRINGS, FL 33071 (City/state and zip code) |
| For further information concerning this matter, please call: |
| NEIL ROGEN at (954) 755 7186 (Name of person) (Area code & daytime telephone number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



March 25, 2003

NEIL ROGEN BOSTON MAN MARKETING, INC. 11826 HIGHLAND PL CORAL SPRINGS, FL 33071

SUBJECT: BOSTON MAN MARKETING, INC.

Ref. Number: P01000025397

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 103A00018071

Thelma Lewis
Document Specialist Supervisor

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, Florid | a Statutes, |
|---|-------------------------------|
| this statement of change is submitted for a corporation organized under the laws of the State | |
| FLORIDAin order to change its registered office or registered agent, or both, i | n the State |
| of Florida. 1. The name of the corporation: BOSTON MAN MARKETING TO | 化意 了 |
| | E OF THE |
| 2. The principal office address: 1/826 HIGHLEND PLACE | |
| CORAL SPRINGS, FL 33071 | 70, 4 |
| 3. The mailing address (if different): | |
| | |
| 4. Date of incorporation/qualification: $3/2/2001$ Document number: $9/000$ | 0025397 |
| 5. The name and street address of the current registered agent and registered office on file wit Florida Department of State: | |
| JOEL LAVENDER | |
| JOEL LAVENDER 507 SE 11th CT | |
| FORT LANDERDALE, FL 33316 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered changed): **NEIL E. ROGEN** | d office (if |
| 1/826 HIGHLAND PL (P.O. Box or personal mailbox NOT acceptable) | |
| CORAL SPRINGS, FL \$33071 | |
| The street address of its registered office and the street address of the business office of its agent, as changed will be identical. | registered |
| Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board, or the corporation has been notified in writing of the change. | fficer so |
| (Signature of an officer, chairman of vice chairman of the board) (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 comperformance of my duties, and I am familiar with and accept the obligation of my position registered agent. Or, if this document is being filed merely to reflect a change in the regist office address. I hereby confirm that the corporation has been notified in writing of this change in the corporation has been notified in writing of this change. | olete as tered ange. |
| (Signature of Registered Agent) (Date) | |
| If signing on behalf of an entity: NEIL E ROGEN PRESIDENT | |
| (Typed or Printed Name) (Capacity) | |

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