P01000036422

(Requestor	's Name)
(Address)	
(Address)	
(City/State	Zip/Phone #)
PICK-UP	WAIT MAIL
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(Document	Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MARKETING STRATEGIES, INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P01000036422
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:
MARIL GRAINGER (Name of Contact Person)
(Name of Contact Person)
MARKETING STANTEGE, INC.
(Firm/Company) 141 ST, CROIX AVE (SAINT CROIX AV. (Address)
(Address)
COCOA BEACH, FL 32931 (City/State and Zip Code)
For further information concerning this matter, please call:
MARK GRANGM— at (703) 850-3440 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State

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 FTDNOA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MARKETING STRATEGIES, INC.
2. The principal office address: 141 ST. CROIX AVE COCOA BEACH, FL 32931
COCOA BEACH, FL 32931
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/10/01 Document number: P010000364722
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MARK GRAINGER
141 ST. CROIX AVE (SAINT & MOIX AVE)
CUCOA BEACH, FL 3293/
Florida Department of State: MARK GRAINGE 141 ST. CROIX AVE COCOA BGACH FL 3293/ 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): STATE OF STATE ORDER OF STATE OF
(P.O. Box NOT acceptable)
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.
MANK W GRAINGED PRESIDEN (Signature of an officer or director) (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. [Signature of Registered Agent] [Date]
If signing on behalf of an entity:
(Threed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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