

PO2 0000035789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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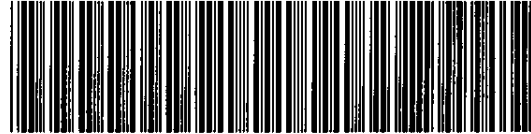
(Business Entity Name)

(Document Number)

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11 JUN 27 PM 3:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS

R.A./R.O/chg
@ 6/5/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Expert Comm, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000035789

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:

Myron G. Finley
Name of Contact Person

Fletcher & Pilch, LLP
Firm/Company

P.O. Box 4130
Address

Clearwater, FL 33758-4130
City/State and Zip Code

myron@ffm-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myron G. Finley at (727) 461-1733
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2011

MYRON G. FINLEY
FLETCHER & PILCH, LLP
P.O. BOX 4130
CLEARWATER, FL 33758

SUBJECT: EXPERT COMM, INC.
Ref. Number: P02000035789

We have received your document for EXPERT COMM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 911A00012667

RECEIVED

11 JUN 27 AM 9:54

CLERK OF STATE
TALLAHASSEE, FLORIDA

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Expert Comm, Inc.
2. The principal office address: 1242 Forrest Hill Drive
Clearwater, FL 33756
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/27/02 Document number: P02000035789
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rosalie R. Hamilton

1242 Forrest Hill Drive

Clearwater, FL 33756

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Myron G. Finley

3046 Egret Terrace

P.O. Box NOT acceptable

Safety Harbor, FL 34695

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.

Rosalie R. Hamilton
Signature of an officer or director

Rosalie R. Hamilton, Pres.
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]
Signature of Registered Agent

6/9/11
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

11 JUN 27 PM 3:24
DIVISION OF CORPORATIONS
STATE OF FLORIDA