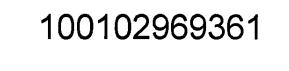
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SECRETARY OF STATE
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COVER LETTER

Division of Corporations	
SUBJECT: FTM Associates (Name of Corpo	ration)
DOCUMENT NUMBER: PO 2000 465	15
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Frank M	Person)
(Name of Contact	Person)
ETM A	con al lan er
(Firm/Compa	ssociates. Inc.
342 N.U	1. 232 Terrace
(Addiess)	
Newberry,	Florida 32669
(City/State and Zi	p Code)
For further information concerning this matter, please call:	
Frank Mijares at (Name of Contact Person)	(352) 474 - 6037
(Name of Conduct Coson)	(Mar Code & Bayume Totephone Number)
Enclosed is a \$35.00 check made payable to the Departmen	t of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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 Florida.
1. The name of the corporation: FTM Associates, Inc.
2. The principal office address: 1715 N. 45th Aug
Itally wood, FL. 33021
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: Apr. 124, 2002 Document number: PD 2000 46515
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Frank Mijares
1715 N. 45 th Ave.
Hollymond, Florida 330219.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Frank Mijares Mc
342 NW 232 Terrace 57 5
Newberry Florida 32669 3
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.
(Signature of an officer or director) (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:
(Typed or Printed Name)

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