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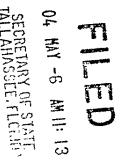
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified CopiesCertificates of Status					
Special Instructions to Filing Officer. Christian B. Budd gave authorize to Correct R. a name of form of form					

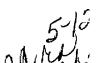
Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: BUDD MANGLETING GROUP, Inc. (Name of corporation)						
DOCUMENT NUMBER: POZOGOO 61071						
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:						
CHRISTINE BARNES-BUDD (Name of person)						
(Name of person)						
BUDD MARKETING GRAP., dre. (Name of firm/company)						
(Name of firm/company)						
947 CRYSTAL LANE DR. (Address)						
` '						
PORT CRANK, FL 32127 (City/state and zip code)						
(City/state and zip code)						
For further information concerning this matter, please call:						
CHRISTINE B. BUDD at 386 788 9797 (Name of person) (Area code & daytime telephone number)						
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	rovisions of sections 607.0502, 617.0502, 60				of .
	ted for a corporation organized under the law			in or	der
to change its regi	istered office or registered agent, or both, in t	he State of Florida.	•		
	ne corporation: BUDD MARKETI				
2. The principal of	office address: 5089 ARPORT Re	d. STE. 13	320		
	PORT DRANGE, FI	- 32128		<u></u>	
	ldress (if different):		<u> </u>		
4. Date of incorp	oration/qualification: 6/3/2002	Document number	. POZ000C	061071	
5. The name and Florida Depart	street address of the current registered agent ament of State:	and registered office	e on file with the		
·	Christine &			 -	
	5889 AIRPORT Ro.	STE. 1320	S	TASE OF	
	PORT ORANGE, FZ 3	12128	······································	HAY -6 RETARY I AHASSEI	Gictions N 3
6. The name and (if changed):	street address of the new registered agent (if o	changed) and /or re	gistered office	-6 P	m
(II cimingee).	Christine 1	3. Bud	<u>d</u>	Y OF STATE SEE, FLORID	O
	947 Crystan Lake	Dr.		」	
	_ ^				
	PORT URANGE, FL	32127		_	
The street addre changed will be	ss of its registered office and the street addridentical.	ess of the business	office of its registe	ered agent, as	
Such change wa the board, or the	s authorized by resolution duly adopted by corporation has been notified in writing of	its board of directo the change.	ors or by an officer	so authorized	by
(butue	gnature of an officer or director)	CHRIST	NE BORNA	-Bud Pr	<u>residu</u>
I hereby accept i I further agree t duties, and I am being filed mere been hotified in	the appointment as registered agent and agi o comply with the provisions of all statutes familiar with and accept the obligation of t ly to reflect a change in the registered office writing of this change				
(hut	in Bur- Build		5/3/04	·	
	Signature of Registered Agent) nalf of an entity:		(Date)		
ir aigimig on oci	init of all Chitty.				
	(Typed or Printed Name)		(Capacity)	<u> </u>	