P02000062487

TARKETWAYS _ 1835 E. HALLANDALE Bell BLV _							
(City/State/Zip/Phone #).							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Office Use Only



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06/08/09--01041--019 **35.00

O9 JUN -8 AM 9: 03
SECRETARY OF STATE
FALL AHASSEE, FLORIDA

C.COULLIETTE
JUN 11 2009

EXAMINER

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

statement of char	nge is submitted for	a corporation org	502, 607.1508, or 6 anized under the la	ws of the State of	Florid		
in order	to change its regis	stered office or regi	istered agent, or bo	th, in the State of 1	Florida.		
1. The name of the	ne corporation:	Marketways	Consulting	Inc.			
2. The principal of	office address:	1835 E. Ha	llandale Be	each Blvd.	#261		
		Hallandale	Beach Flor	rida 33009			
3. The mailing ac	ldress (if different)	: (same)					
4. Date of incorp	oration/qualificatio	on: 06/6/20	Document	number: P020	000624	87	
	street address of the ment of State: (If r		d agent and register gned)	ed office on file w	ith the		
		Bradley Ju	ine - !				
	137 Madeira Ave.						
		Miami Flo	rida 33134		SECF	9	
6. The name and (if changed):	street address of th	ne new registered a	gent (if changed) ar	nd /or registered of		09 JUN - B	
		Bradley J	une		 _'	in s	
		2924 Bird	Avenue		~~~ c		
			DA TE	3			
		Miami Flo	rida 33133	···			
The street addre	ess of its registered be identical.	office and the stre	eet address of the b	ousiness office of	its registere	ed agent,	
Such change wa authorized by the	ns authorized by rene board, or the co	solution duly adoproperation has been	pted by its board of i notified in writing	f directors or by a gof the change.	in officer so	1	
) Signatul	e of an officer or directo	г		an F Berna		s./Director	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment a to comply with the d I am familiar wi ng filed merely to s been notified in v	is registered agent provisions of all s ih and accept the reflect a change in vriting of this char	t and agree to act i statutes relative to obligation of my po n the registered off nge	n this capacity the proper and co osition as register ice address, I her	omplete per ed agent. (eby confirm	formance Or, if this 1 that the	
			•		6-4-	-09	
Sig	nature of Registered Age	ent		Date			
If signing on be	chalf of an entity:						
T	yped 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 * * *

CR2E045 (8/05)