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SECRETARY OF STATE

RAIRO Chanse

TRANSMITTAL LETTER

ProMosaic Marketing Group, Inc. SUBJECT: (Name of corporation) P02000133539 DOCUMENT NUMBER: 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: Sherman Whites, Jr. (Name of person) ProMosaic Marketing Group, Inc. (Name of firm/company) 1900 Hiltonia Circle (Address) West Palm Beach, Florida 33407 (City/state and zip code) For further information concerning this matter, please call: 813 380-7376
(Area code & daytime telephone number) Sherman Whites, Jr. (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Division of Corporations **Mailing Address:** Amendment Section Division of Corporations P.O. Box 6327 409 E. Gaines Street

Tallahassee, FL 32399

Tallahassce, FL 32314

TO:

Amendment Section Division of Corporations

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

Pursuant to the	provisions of sections 607.050.	2, 617.0502, 607.1508, or 617.1508, F	lorida Statutes,
this statement of Florida	·	oration organized under the laws of the S zistered office or registered agent, or bo	
of Florida.			
1. The name of	the corporation: ProMosaic Mark	keting Group, Inc.	<u></u>
		rcle; West Palm Beach, Florida 33407	
3. The mailing a	address (if different): 1900 Hilton	nia Circle; West Palm Beach, Florida 33407	
4. Date of incor	poration/qualification:January	y 1, 2003 Document number: P02	2000133539
	d street address of the current reg	gistered agent and registered office on file	e with the
•	Agent: Lynne C. Stokes		O3
	Address: 1103 Tuscanny Street	; Brandon, Florida 33511	APR CRET
	Mailing address: P.O. Box 2181	; Vairico, Florida 33595-2181	-4 FARY ASSE
6. The name as changed):	nd street address of the new reg	gistered agent (if changed) and /or regis	PH 2: 39 PESTATE FOR CORNER Stored
	Address: 1900 Hiltonia Circle; W	est Palm Beach, Florida 33407	A A
,	(P.O. Box or person	nai maileox NO1 acceptable)	
agent, as chang	ed will be identical.	ne street address of the business office o	·
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so
freue	r, chairman or vice chairman of the board)	Sherman Whites, Jr. (Printed or typed name and title)	
I hereby accept I further agree performance of registered ager office address.	t the appointment as registered a to comply with the provisions of fmy duties, and I am familiar wi nt. Or, if this document is being I hereby confirm that the corpoi	agent and agree to act in this capacity. If all statutes relative to the proper and it is and accept the obligation of my posifiled merely to reflect a change in the ration has been notified in writing of the	tion as egistered
	Signature of Registered Agent)	(Date)	
If signing on beha	If of an entity:		
	Typed or Printed Name)	(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILL