## 103000010594

(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	
(Olly/Ollifor Hollowy)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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Ps 1 LISTOR





PMH Resources, Incorporated 1445 Dolgner Place Sanford, FL 32771

December 12, 2006

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations,

I am writing today to inform you that the corporate offices of PMH Resources, Incorporated will be relocating January 1, 2007 and pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes requires the enclosed statement of change documentation be submitted for a corporation organized under the laws of the State of Florida in order to change its registered office address in the State of Florida along with a filing fee of \$35.00.

Please change your records for PMH Resources, Incorporated, Document Number P03000010594, and direct all future mailings, deliveries and other correspondences to:

PMH Resources, Incorporated 250 International Parkway Suite 143 Lake Mary, FL 32746 Attention: Grant A. Derner

Our main phone and fax numbers will remain the same:

Phone (407) 710-8000 Fax (407) 710-8001

We appreciate your contributions to our growth and success and wish to thank you in advance for making these changes to your records for our group. Please contact me directly if you have any questions or require any additional information.

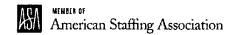
Respectfully,

**Grant Derner** 

PMH Resources, Incorporated www.pmhresources.com

(PH) 407-710-8000 (FX) 407-710-8001

grant.derner@pmhresources.com



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: PMH Resources, Incorporated (Name of Corporate)	tion)				
DOCUMENT NUMBER: P03000010594					
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:					
Grant A. Derner (Name of Contact Po	erson)				
PMH Resources, Incorporated (Firm/Company)					
250 International Parkway, Suite 143 (Address)					
Lake Mary, FL 32746 (City/State and Zip 0	Code)				
For further information concerning this matter, please call:					
Grant A. Derner at (Name of Contact Person)	407 710-8000 (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

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

in ora	ler to change its registered office or r	organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	***************************************
	the corporation: PMH Resources, Ir	ncorporated arkway, Suite 143, Lake Mary, FL 32746	<del></del>
2. The principa	office address: 230 international Fa	inway, Suite 143, Lake Mary, 1 L 32140	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 01/29/03	Document number: P03000010594	
	nd street address of the current registe artment of State:	ered agent and registered office on file with the	
	Grant A. Derner	, 	
	1445 Dolgner Place		201
	Sanford, FL 32771		30 oc
		d agent (if changed) and /or registered office	2006 DEC 14
(if changed):	Grant A. Derner		R
		0.440	9: 02
	250 International Parkway, (P.O. Box NOT acco		N
	Lake Mary, FL 32746		
The street add as changed wi	ress of its registered office and the s	street address of the business office of its registered	agent,
Such change wauthorized by	vas authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	
Stut	a.D.	Grant A. Derner	
I hereby accep I further agree of my duties, a document is be	nture of an officer of director)  If the appointment as registered age  It to comply with the provisions of al  Ind I am familiar with and accept the  Ing filed merely to reflect a change  as been notified in writing of this ch	(Printed or typed name and title) ent and agree to act in this capacity. It statutes relative to the proper and complete performs to the proper and complete performs to the proper and complete performs to the registered agent. Or in the registered office address, I hereby confirm to the tange.	rmance ; if this hat the
Gent	a. Nem	12/12/2006	<u> </u>
	Signature of Registered Agent)	(Date)	
ii signing on b	ehalf of an entity:		
	(Typed or Printed Name)		
	* * * FILIN	G 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)