

PO3000121224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

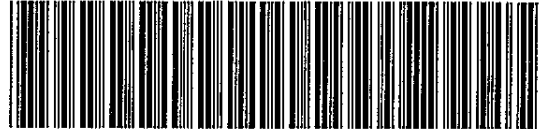
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TALLAHASSEE, FLORIDA

J. Shivers OCT 18 2005

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clermont Publishing Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000121224

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:

Rosaura Clermont  
(Name of Contact Person)

Clermont Publishing Inc.  
(Firm/Company)

4040 NE 2nd Avenue, Ste 312  
(Address)

Miami, FL 33137  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosaura Clermont at ( 305 ) 576-4700  
(Name of Contact Person) (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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 in order to change its registered office or registered agent, or both, in the State of Florida.


1. The name of the corporation: Clermont Publishing Inc.
2. The principal office address: 848 Brickell Key Drive, Apt 2703  
Miami, FL 33131
3. The mailing address (if different): 4040 NE 2nd Avenue, Ste 312  
Miami, FL 33137
4. Date of incorporation/qualification: 10/28/03 Document number: P03000121224
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
NRAI Services, Inc.  
526 E. Park Avenue  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):


Ralph Clermont  
4040 NE 2nd Avenue, Ste 312  
(P.O. Box NOT acceptable)  
Miami, FL 33137

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.

 Rosaura Clermont  
(Signature of an officer or director) (Printed or typed name and title) Treasurer

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.

 10/11/05  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING 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)

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