P03000/46/20

(Address)	000106890990		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	08/03/0701015014 **35.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	O7 AUG -3 AM 9: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA		

Office Use Only

TO: Amendment Section Division of Corporations				
SUBJECT: Research Marketing Group Inc. (Name of Corporation)				
DOCUMENT NUMBER: P03000146120				
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:				
Joshua Autenrieth				
(Name of Contact Person)				
Research Marketing Group Inc. (Firm/Company)				
108 North Wymore Rd. (Address)				
WinterPark, FI 32789 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Joshua Autenrieth at (407) 758-3728 (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 Street Address: Amendment Section Division of Corporations				

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida State rganized under the laws of the State of Floring states are stated as the following stated as the f	rida
	the corporation: Research Marketing office address: 576 Semoran Blvd. C		
3. The mailing a	ddress (if different): 108 N. Wymon	e Rd. WinterPark, Florida 32789	
4. Date of incorp	poration/qualification: 12/04/03	Document number: P03000146	120
	I street address of the current register tment of State:	red agent and registered office on file with the	ne
	Merlin Assent		
	1398 E. State Rd. 436 Suite	104	
	Casselberry, FI 32707		97 17AL
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	07 AUG -3 SECRETAR TALLAHASS
•	Merlin Assent		Y OF
	576 Semoran Blvd.		FLO FLOO
	(P.O. Box NOT acception of the Control of the Contr	ptable)	16 TE RIDA
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of its re	gistered agent,
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an offen notified in writing of the change.	icer so
Signati	are of an officer or director)	Joshua Autenrieth Vice Presider (Printed or typed name and title)	
I fu rth ër agree of my duties, an document is bei	the appointment as registered ager to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	statutes relative to the proper and comple obligation of my position as registered a in the registered office address, I hereby c	ete performance gent. Or, if this confirm that the
M. Jas	of the second	08/01/2007	
	gnature of Registered Agent)	(Date)	
	Typed or Printed Name)		

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