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P04000015996

Florida Department of State
Division of Corporations
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((H04000213914 3)))

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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : CONLEY & DORMAN, CHARTERED
Account Number : I20000000181
Phone : (941)748-8778
Fax Number : (941)745-2572

REGISTERED AGENT CHANGE

CSM DESIGN, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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G. Ouellette OCT 26 2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Oct. 26, 2004 2:41 PM CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT No. 1248 BOT P. 2/2
(((H04000213914 3))) 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: CSM DESIGN, INC.
2. The principal office address: 5708 MANATEE AVENUE WEST
BRADENTON, FLORIDA 34209
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/22/2004 Document number: P04000015996
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAEL SCOTT TOWNSEND

2004 6th STREET WEST

PALMETTO, FLORIDA 34221

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

MICHAEL SCOTT TOWNSEND

5708 MANATEE AVENUE WEST

(P.O. Box or personal mailbox NOT acceptable)

BRADENTON, FLORIDA 34209

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.


(Signature of an officer or director)

MICHAEL SCOTT TOWNSEND, PRESIDENT
(Printed or typed name and title)

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.


(Signature of Registered Agent)

10/26/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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