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PICK-UP	TIAW [MAIL		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

VILLAHASSEE, FLORID,

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COVER LETTER .

Amendment Section Division of Corporations

TO:

SUBJECT: 360 Marketing, Inc.	
(Name of Corporat	ion)
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
James Luciano	
(Name of Contact Pe	erson)
360 Marketing, Inc. (Firm/Company	
(Firm/Company	7)
113 Vista Drive	
(Address)	
Kissimmee, FL 34759	
(City/State and Zip C	Code)
For further information concerning this matter, please call:	
James A. Luciano, CEO at (321 281-9535 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department o	f 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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi or to change its registered office or registe	zed under the laws of the State of <u></u>	lorida
1. The name of	the corporation: 360 Marketing, Inc.		
	office address: 113 Vista Drive, Kissii	mmee, Fl 34759	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 3/12/2004	Document number: P040000	45701
	d street address of the current registered ag	gent and registered office on file with	the
	Kim Rose Luciano		
	1214 Celebration Ave.		S S
	Celebration, FL 34747		語のコ
6. The name and (if changed):	i street address of the new registered agen	t (if changed) and /or registered offic	유 글로
	Kim Rose Luciano		3: 06 STATE
	843 Cypress Parkway, #12		5
	(P.O. Box NOT acceptable) Kissimmee, FL 34759		
as changed will	ess of its registered office and the street be identical.		
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	l by its board of directors or by an o tified in writing of the change.	fficer so
	ure of an officer frontector)	James A. Luciano, CEO	*
Lecreby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obling filed merely to reflect a change in this been notified in writing of this change.	d agree to act in this capacity utes relative to the proper and comp igation of my position as registered e registered office address, I hereby	lete performance agent. Or, if this confirm that the
Zim _{(Si}	gnature of Registered Agent)	Dere La 16	2005
If signing on be	chalf of an entity:		
(**	Typed or Printed Name)		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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