## POSO00019605

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## **COVER LETTER**

Division of Corporations
SUBJECT: ReSULTS Driven MAYKeTing (Name of Corporation)
DOCUMENT NUMBER: PD 50000 19 605
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:
(Name of Contact Person)
RESULTS Driven MArketing ine (Firm/Company)
31087 U.S. Highway 19 NorTh (Address)
PALM HArbor FL 34 684 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 210 - 2160 (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

TO:

Amendment Section

## 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: Results Driver MAYRETING
2. The principal office address: 31087 U.S. Highway 19 Novih
PALM HArbor FLorids 34684
3. The mailing address (if different):
4. Date of incorporation/qualification: 67-26-2005 Document number: POS0000 19405
5. The name and street address of the current registered agent and registered office on file with the  Florida Department of State:  / 3734 13(Ave N. 5c) 76 \( \frac{1}{20} \)
Rogers Roberta CLEARWATER FL. 33762 AFFE NOW - 31087 U.S Highway 19 North
New - 31087 U.S Highway 19 North
PALM Harbor Fl. 34684
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **Description**  **Descriptio
31087 U.S. Highway 19 North (P.O. Box NOT acceptable)
PALM Harbor Fl, 34684
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.
Koberta Ropers Pres - (Signature of an officer or director) (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.
Seffigure 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)