P05000038021

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COVER LETTER

TO: Amendment Section Division of Corpora	
SUBJECT:	Maxwell Motivation, Inc.
	Name of Corporation
DOCUMENT NUMBER:	P05000038021
The enclosed Statement of C	Change of Registered Office/Agent and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Samuel A. Houghton
	Name of Contact Person
c	Clark, Campbell, Mawhinney & Lancaster, P.A.
	Firm/Company
	500 South Florida Avenue, Suite 800
	Address
, 	Lakeland, Florida 33801
	City/State and Zip Code
- 44	shoughton@ccmattorneys.com
E-mail	address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel A. Houghton 863) 647-5337
Area Code & Daytime Telephone Number Name of Contact Person

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

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

statement of cha	provisions of sections 607. unge is submitted for a corp er to change its registered i	poration organiza	ed under the law	s of the State of	Florida	<i>-</i>	
	the corporation: Maxwe		_	i, in the state of	rioriaa.		
	office address: 500 Sou			00	······································		
	<u> </u>						
3. The mailing a	address (if different): P.O	. Box 490610	, Lawrencevi	lle, Georgia (30049		
4. Date of incor	poration/qualification:	3/14/2005	Document n	umber:	P0500003	8021	
	d street address of the current and of State: (If resigne			d office on file v	with the		
•	Hal A. Airth, Jr.	<u>-</u>		-			
	500 South Florida A	venue, Suite	800				
	Lakeland, Florida 3	3801			- 50 - 50	991	
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and	l /or registered o	office HA	DEC -2	
	Samuel A. Houghto	n			— 新名	R	
	500 South Florida A	venue, Suite		<u> </u>	— \$33 X	ე: ა	
	Lakeland, Florida 3				Tou	ယ	
The street addr	ess of its registered office be identical.	and the street a	ddress of the bu	isiness office of	f its registere	d agent	,
	as authorized by resolution he poard, or the corporation						
Mari	Life of an attricer or director		John	MAX W	se 11.	<u>D ()</u>	ΞO
I further agree of my duties, a document is he	t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	tions of all statut accept the oblig a change in the	agree to act in les relative to th atlon of my pos registered offic	this capacity, ne proper and c sition as registe se address, I he	complete perf ered agent. C reby confirm	ormanc)r, if thi that the	e is e
fo	Show			10/30/200 Date	9		
If signing on b	plature of Registered Agent chalf of an entity:			VAIC			
	_						
	Typed or Printed Name						

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