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To: Division of Corporations
Fax Number : (850) 617-6380 From: Account Name : BUSH ROSS, P.A. Account Number : I19990000150 : (813)224-9255 : (813)223-9620 Fax Number 9925.0

REGISTERED AGENT CHANGE

US MAIL DELIVERY GROUP, INC.

Certificate of Status	0
Certified Copy	0_/
Page Count	01
Estimated Charge	\$35.00

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4/29/2008

COVER LETTER

To: Amendment					
Division of (Corporations				
SUBJECT:		US Mail Deli	very Group,	Inc.	
	(Name of Cor	poration)		
DOCUMENT NUM	MBER:	P0500005829	95		
The enclosed Statem Please return all con	nent of Change of respondence conc	Registered O	ffice/Agent atter to the f	and fee are submitted for fili	ng.
		Celeste Pe	rrino		
	(Name of Con	_		
		Bush Ros	ss, P.A.		
		1801 North H	iighland Ave	nue	
		(Addr	ess)		
		Tampa, Fi	orida 33626		
	(C	City/State and	Zip Code)		
For further informat	ion concerning thi	is matter, plea	se call:		
Celeste Perri	no	at (813)	204-6425	
(Name of Co	no ontact Person)		(Area Code	& Daytime Telephone Num	ber)
Enclosed is a \$35.00	check made pays	ble to the De	partment of	State.	<u>.</u>
	Mailing Addre			eet Address:	
	Amendment Se			endment Section	
	Division of Cor	porations		ision of Corporations	
	P.O. Box 6327	20214		1 Executive Center Circle	
	Tallahassee, FL	32314	1 21	lahassee, FL 32301	
- ·	. <u>-</u>		-,,		
CR2E045 (8/05)	•	•			
	,				

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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	of the corporation:	US Mail Delivery Gr	oup. Inc.			
2. ′	The princip	al office address:	3035 NE 21st Way, C	ainesville, FL 3	2602		_
3. ,	The mailin	ng address (if different):	P. O. Box 1136, Gain	esville, FL 3260	9		_
4.]	Date of inc	orporation/qualification: _	04/20/2005	Document r	umber: <u>P0500005</u>	8 2 95	2
		and street address of the cupartment of State:	urent registered agent a	nd registered offi	ce on file with the	ECRE	2008 APR
		Joseph A. Probasco -	<u> </u>	<u>.</u>		AS	2
		220 S. Franklin Street				SEE YY (9
	,	Tampa, FL 33602				FS	PM
6.	The name (if change	and street address of the need):	ew registered agent (if o	hanged) and /or	registered office	ORIDA	112: 39
		Bush Ross Re	gistered Agent Service	s, LLC			
		1801 North H	ighland Avenue				
		Tampa, Florid	a 33602				
		ress of its registered office 11 be identical.	and the street address o	of the business of	fice of its registere	ad agent,	
	the board,	was authorized by resolution or the corporation has been	notified in writing of the	ne change. Kobert 1	M. Alberts	Pre	:d 4 <u>d</u> ;
	(Sign	ature of an officer or direc	tor)	(Printed or t	yped name and titl	e)	
I fu	urther agreemy duties, cament is be poration-ke	pt the appointment as regise to comply with the provious and I am familiar with an reing filed merely to reflect as been notified in writing lature of Registered Agent) behalf of an entity:	isions of all statutes relid accept the obligation to a change in the regist of this change.	ative to the prop of my position a	er and complete p is registered agent	t. Of, if ti	his
	aleste	Perro () (ce ed or Printed Name)	PresionA	علم ماه ماه			

* * * 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