

POS000118648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

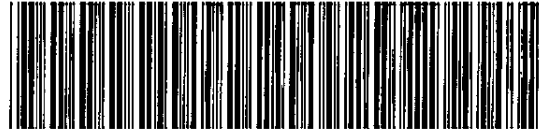
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000059005270

09/09/05--01013---004 **35.00

FILED
05 SEP - 9 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12A change
CPB
9/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UrbanFacts, Inc.
(Name of corporation)

DOCUMENT NUMBER: 205000118648

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:

LaTresia Gilmore
(Name of contact person)

UrbanFacts, Inc
(Firm/Company)

PO Box 966
(Address)

Fort Pierce FL 34954
(City/state and zip code)

For further information concerning this matter, please call:

LaTresia Gilmore at (772) 466 2036
(Name of contact person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Urban Facts, Inc.
2. The principal office address: 2102 Ave G
Fort Pierce FL 34950
3. The mailing address (if different): PO Box 966
Fort Pierce FL 34954
4. Date of incorporation/qualification: Aug 25, 2005 Document number: 05000118648
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Goodman E Bellamy
7880 Elsinore Dr
Mangassasi VA 2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP - 9 PM 1:42

FILED

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

LaTresia Gilmore
2102 Ave G
(P.O. Box NOT acceptable)
Fort Pierce, FL 34950

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]
(Signature of an officer or director)

CEO ICFO
(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.

Goodman Bellamy
(Signature of Registered Agent)

9.6.05
(Date)

If signing on behalf of an entity:

Goodman Bellamy
(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