

P05000138274

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

ONLINE CLASSIFIEDS, INC.

Certificate of Status	0
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Change

03-15-07

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1502, or 617.1502, 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: ONLINE CLASSIFIEDS, INC.
2. The principal office address: 6900-29 DANIELS PARKWAY #333 FT. MYERS FL 33912
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/10/2005 Document number: PO5000138274
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ROBERTS, DAVID S

6900-29 DANIELS PARKWAY #333 FT. MYERS FL 33912

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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 of its officer or director)



(Signature of officer or director)

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.

C T Corporation System
By: 

(Signature of Registered Agent)

7/14/07

(Date)

If signing on behalf of an entity:
Jeffrey D. Butterfield
Assistant Secretary

(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
CR2B045 (R/05)

FL205 - 004/02/07 C T System Online

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