70600048246

(Re	equestor's Name)	
· (Ac	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





700074581627

05/17/06--01028--005 **35.00

06 MAY 17 PM 3: 29

SECRETARY-OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Catalog Solutions, Inc. (Name of Corporation)
DOCUMENT NUMBER: P0600048246
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:
Terry W-Robinson (Name of Contact Person)
(Name of Contact Person)
<u>Catalog</u> Solutions, Inc.
(Firm/Company)
401 N. Stone Stiect
(Address)
Deland F (32720) (City/State and Zip Code)
For further information concerning this matter, please call:
To further information concerning this matter, please can.
(Name of Contact Person) at (38() 334-404 (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

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 $\frac{1}{10000000000000000000000000000000000$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Catalog Solutions, Inc.
2. The principal office address: 401 N Stone St., DeLand, FL32720
3. The mailing address (if different):
4. Date of incorporation/qualification: 44 06 Document number: PO60004824
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Temy W. Robinson
104 S Stone St.
Deland Fr. 32720 = 3 = 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
40[N. Stone St.
Deland, FL 32720
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 arrofficer or director) Tem W. Robinson VP (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.
(Signature of Registered Agent) 4/7/06 (Date)
If signing on behalf of an entity: TEMU ROOMSOM, WP

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