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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORID

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	JECT: Organic Answers Group Inc. (Name of Corpora	ition)			
	(1.11110 01 00.601				
DOCU	UMENT NUMBER: P06000097716				
The en	enclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.			
Please	e return all correspondence concerning this matter to the	following:			
	g				
	Jason Boyle				
	(Name of Contact Person)				
Organic Answers Group Inc.					
(Firm/Company)					
4235 Brandon Drive					
	(Address)				
	Delray Beach, FL 33445				
(City/State and Zip Code)					
For fu	urther information concerning this matter, please call:				
Nancy	cy Boyle at (561) 352-1697			
	(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	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2007

JASON BOYLE ORGANIC ANSWERS GROUP INCORPORATED 4235 BRANDON DR. DELRAY BEACH, FL 33445

SUBJECT: ORGANIC ANSWERS GROUP INCORPORATED

Ref. Number: P06000097716

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE LIST THE NAME OF THE CURRENT REGISTERED AGENT IN SECTION #5.

PLEASE HAVE JASON BOYLE TO SIGN AS PRESIDENT FOR THE CORPORATION.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 607A00066595

THE PROPERTY OF THE CONFERNMENT MEAN PLANTS MESSAL T

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	nized under the laws of the State of _	Florida	_
in order to change its registered office or registe	ered agent, or both, in the State of Fl	lorida.	
I. The name of the corporation: ORGANIC ANSV	WERS GROUP INCORPOR	ATED	
2. The principal office address: 4235 Brandon Drive, De	Iray Beach FL 33445		
3. The mailing address (if different): PO Box 6123, Delr	ray Beach, FL 33484		
4. Date of incorporation/qualification: 7/25/2006	Document number: P060000	97716	
5. The name and street address of the current registered a Florida Department of State:	gent and registered office on file with	h the	
JASON BO	OYLE	_	
255 N.E. 2	2 ND AVE., SUITE 148	_	
DELRAY	Y BEACH, FL 33444	IS 0	
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered offic	08 JAN 1 SECRETA ALLYAHAS	COMPANY OF THE PARKS
Nancy Boyle		· 55元 一	
4235 Brandon Drive		F CF	m
(P.O. Box NOT acceptable)	11 STV	· •
Delray Beach, FL 33445		TATE ORIGI	Þ
The street address of its registered office and the street as changed will be identical.			ent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so	
Senature of an officer or director)	Jason Boyle President (Printed or typed name and to	itle) 3	
I hereby ackept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obl document is being filed merely to reflect a change in the corporation has been notified in writing of this change	tutes relative to the proper and com ligation of my position as registered he registered office address, I hereb	plete perform lagent. Or, ij y confirm that	ance f this t the
(Signature of Registered Agent)	November 6, 2007		_
If signing on behalf of an entity:			
Nancy Boyle Vice President (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
CR2E045 (8 05)