## Polabojaldo/

(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:

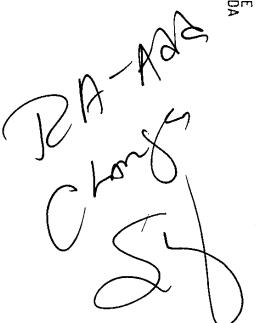
Office Use Only



900105848129

07/13/07--01018--015 \*\*35.00

07 JUL 13 AM 9: 16
SEUNE ARY OF STATE
TALLAHASSEE, FLORID



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Business To Business Monthly Magazine Corporation (Name of Corporation)		
DOCUMENT NUMBER: P06000126661		
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:		
ROSS REUNING (Name of Contact Person)		
BUSINESS TO BUSINESS MONTHLY MAGAZINE CORPORATION (Firm/Company)		
4801 S UNIVERSITY DRIVE # 116 (Address)		
DAVIE, FL 33328 (City/State and Zip Code)		
For further information concerning this matter, please call:		
ROSS REUNING at (954) 781-5515 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

•	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of FLORIDA
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: BUSINESS TO BUSINESS MONTHLY MAGAZINE CORPORATION
2. The principal o	ffice address: 4801 S UNIVERSITY DRIVE # 116
<del> </del>	
3. The mailing add	dress (if different):
4. Date of incorpo	eration/qualification: OCT 4TH 2006 Document number: P06000126661
5. The name and s Florida Departn	street address of the current registered agent and registered office on file with the nent of State:
<u> </u>	ROSS REUNING ZS S
-	1261 SW 103 AVENUE
<u> </u>	PEMBROKE PINES, FL 33025
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
<u>!</u>	ROSS REUNING
	1801 S UNIVERSITY DRIVE # 116
[	(P.O. Box NOT acceptable)  DAVIE, FL 33328
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
0	ROSS REWING
I hereby accept the I further agree to of my duties, and document is being	of an office or director)  The appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this is giled merely to reflect a change in the registered office address, I hereby confirm that the neen notified in writing of this change.
	Ature of Registered Agent)  7 10 2007 (Date)
If signing on beha	
(Тур	ped or Printed Name)

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