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SECRETARY OF STATE TALLAHASSEE, FLORID!

2009 OCT 26 PM 2: 4

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OCT 27 2009

COVER LETTER

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 Statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Flo	<u>-</u> L	is	
The name of the corporation: Strategic Business Decisons, Inc. The principal office address: 108 Olympus Dr. Ocoee, FL 34761			
3. The mailing address (if different):			
4. Date of incorporation/qualification: April 9, 2007 Document number: P0	700004	13625	
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the		
Timothy J. Henderson			
3731 Ocita Dr.			
Orlando, FL 32837	SEC	2009	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Timothy J. Henderson	RETARY OF S	2009 OCT 26 PH	
108 Olympus Dr.	ORI	₩.	
P.O. Box NOT acceptable Ocoee, FL 34761	Đ _E	ည	
The street address of its registered office and the street address of the business office of its a as changed will be identical.	registere	d agent	,
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	fficer so		
Leslye Henderson, Corpora Printed or typed name and title	te Seci	retary	
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 complof my duties, and I am familiar with and accept the obligation of my position as registered of document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	lete perf agent. (confirm	formanc Or, if thi that the	e s
/m // 10/22/09			
Signature of Registered Agent Date			
If signing on behalf of an entity:			
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)