P07000047652

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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C.COULLIETTE

JAN 11 2011

EXAMINER

TO:	Amendment Section Division of Corporations	* 4*
SUBJ	DIRECT TECHNOLOGY GROUP INC. Name of Corporation	· :
DOC	UMENT NUMBER: P07000047652	
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	iling.
	e return all correspondence concerning this matter to the following:	J
	· IOLINI I IANID	
	JOHN HAND Name of Contact Person	•
	DIRECT TECHNOLOGY GROUP INC. Firm/Company	
	rimicompany	
	5101 NW 21st AVE., SUITE 140	
	Address	
	FT. LAUDERDALE, FL 33309 City/State and Zip Code	
	shaun@directtechnologygroup.com	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
	John Hand at (954) 739 Name of Contact Person Area Code & Daytime Telep	-4700
	Name of Contact Person Area Code & Daytime Telep	hone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporation Division of Corporation Clifton Building	ns

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2010

JOHN HAND DIRECT TECHNOLOGY GROUP INC. 5101 NW 21ST AVE., STE 140 FT LAUDERDALE, FL 33309

SUBJECT: DIRECT TECHNOLOGY GROUP INC.

Ref. Number: P07000047652

We have received your document for DIRECT TECHNOLOGY GROUP INC. 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 510A00029949



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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DIRECT TECHNOLOGY GROUP INC.
2. The principal office address: 5101 NW 21st AVE., Suite 140, Ft. Lauderdale, FL 33309
3. The mailing address (if different):
4. Date of incorporation/qualification: 4-18-2007 Document number: P07000047652
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
DIRECT TECHNOLOGY CROUPING LANGLEY, WENDY
3307 NW 55th STREET
FT. LAUDERDALE, FL 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DIRECT TECHNOLOGY GROUP INC. HAND, JOHN
5101 NW 21st AVE., Suite 140
P.O. Box NOT acceptable
Ft. Lauderdale, FL 33309
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.
JOHN HAND, C.O.O.
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 12 10 10
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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