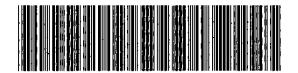
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(Requestor's Name)				
(Add	iress)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer			
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Office Use Only



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SECHETARY OF STATE VLLAHASSEE, FLORIDA

R.A

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COVER LETTER

Division of Corpo	orations			
SUBJECT:	CAPITOL LOBBY Name of Co	FIRM, INC	· • •	
	Name of Co	orporation		
DOCUMENT NUMBER	R:P070	00090586		
The enclosed Statement o	f Change of Registered Office	Agent and fee are sub	mitted for fi	ling.
Please return all correspon	ndence concerning this matter	to the following:		
	WILLIAM F.	BROD JR.		
	Name of Con	tact Person		
	CAPITOL LOBE	BY FIRM, INC.		
	Firm/Con	mpany	-	
	255 EVERNIA S	TREET #1202		
	Addn	ess		
	WEST PALM BE	ACH, FL 33401		
	City/State and	a zip code		
T ma	CAPITOLOBBYFIF address: (to be used for fu	RM@AOL.COM		
E-mai	address: (to be used for fu	ture annual report no	Junication)	
For further information co	oncerning this matter, please ca	गी:		
WILLIAM	F. BROD JR.	at (850)	567	-7790
Name of C	ontact Person	Area Code & Da	ytime Telep	hone Number
Enclosed is a \$35.00 check	k made payable to the Departn	nent of State.		
<u>M</u> A	Iniling Address: .mendment Section	Street Addre Amendment	ss: Section	
. D	ivision of Corporations	Division of	Corporation	ns
	O. Box 6327 allahassee, FL 32314	Clifton Buil 2661 Execu		Circle
10	marinitaria a 17 Ann 12	Tallahassee,		

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

statement of cha	nge is submitted for a co	rporation organized	507.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of FLORIDA
1. The name of t	the corporation: <u>CAPI</u>	TOL LOBBY F	IRM, INC.	oj rioriui.
	office address: 255 EV LM BEACH, FLORII		Т, #1202	
3. The mailing a	ddress (if different):			
4. Date of incom	coration/qualification:	8/10/2007	Document number:	P07000090586
	l street address of the curr trnent of State: (If resigne		t and registered office on fil	e with the
	WILLIAM F. BROD	JR.		
	1030 E. LAFAYET	TE STREET, SU	JITE 1	2009 5-6 TAL
	TALLAHASSEE, FI	L 32301		ZOOS NOV -9 SECRETAR SECRETAR
6. The name and (if changed):	street address of the new	v registered agent (i	f changed) and /or registered	-9 PH 3: 41 SSEE FLORI
	255 EVERNIA STR	REET #1202		<u> </u>
	MECT DALM DEAC	P.O. Box NOT acc	•	
The street addre	WEST PALM BEAC	· · · · · · · · · · · · · · · · · · ·	ress of the business office	of its registered agent,
-			its board of directors or bed in writing of the change	y an officer so
I hereby accept I further agree to of my duties, and document is beit corporation has	the appointment as reginated appointment as reginated appointment a	stered agent and a sions of all statutes accept the obligat t a change in the re of this change.	Printed or typed name gree to act in this capacity i relative to the proper air ion of my position as regis gistered office address, 1 h 11/5/200 Date	and title complete performance tered agent. Or, if this nereby confirm that the
If signing on bel	half of an entity:			
Ty	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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