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(Requestor's Name)						
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(Business Entity Name)						
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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: STATEGIC PESSONSE GROY, INC. (Name of Corporation) DOCUMENT NUMBER: PODOOD 134095
DOCUMENT NUMBER: 10000 139095
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:
Poblat M. Taylan (Name of Contact Person)
STRATEGIS RESPONSE GROY, INCH (Firm/Company)
10923 N.W 122 STREET (Address)
May 17 33 17 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section

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

statement of change is	ons of sections 607.0502 submitted for a corporal ange its registered office	tion organized unde	er the laws of t	he State of <u></u>	COP4:SA	
	poration: STRATE	-		-		
•	15622	41 (1 11	2 (6.1)			
	MEDLEY	, FLORIDA	83172	•		
3. The mailing address	(if different):	SAME	95 43	100 €		
4. Date of incorporation	n/qualification: /-/	1.08 Do	cument number	er: <i>P07</i>	000139	1081
5. The name and street Florida Department	address of the current re of State:	gistered agent and	registered offic	ce on file with t	he	
	ACBSATO N	4BUT JR			£8 8	
	ACBSATO N.	62. 122 (1)	TALLET -			'n
	Michay , A				555	-
~~~					70 TE	in
6. The name and street (if changed):	address of the new regis	stered agent (if char	nged) and /or r	egistered office	,	O
	ALBEMO	NABUT S	Te.	·	ुम्ब आ	
	/0923 / (P.O. Box NO	YW 122	STUBET			
	(P.O. Box NO	T acceptable)				
	MOBY, F					
The street address of i	ts registered office and entical.	the street address	of the busines	s office of its r	egistered age	nt,
Such change was auth authorized by the boar	orized by resolution du	ly adopted by its bas been notified in	oard of direct	ors or by an of	ficer so	
Btol	4		Dar	N/a/	P	
(Signature of an	officer or director)	<del></del>	(Printed or	typed name and title	·)	_
I hereby accept the ap I further agree to com of my duties, and I am document is being file corporation has been	pointment as registered ply with the provisions i familiar with and acce d merely to reflect a ch notified in writing of th	d agent and agree of all statutes rela of the obligation of ange in the registe is change.	to act in this c stive to the pro of my position red office add	capacity. oper and compl as registered a dress, I hereby	lete performa igent. Or, if t confirm that t	nce his the
/ Kor	_		7.	3-0x		
(Signature o	f Registered Agent)	<del></del>	<del>,,</del>	(Date)		
If signing on behalf or	Çan entity:					
popula						
	Printed Name)					

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