## P01000134095

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## **COVER LETTER**

Division of Corporations
SUBJECT: STRAIGGE PESPONSE GROY INC Name of Corporation
DOCUMENT NUMBER: P07 000 1340 95
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:
A LB SAT NABIT TR
Name of Contact Person
Firm/Company Gry, Ive
650 SW 34 St #301 Address
City/State and Zip Code
ALBSIA (SREINC. U.) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALBIA NABIT at (71%) 295-5676  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 navable 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

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

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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 Kornse
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: STRAIZ GIC RESPONSE GROUP, IN
1. The name of the corporation: STRATE GIC RESPONSE GROUP, Two  2. The principal office address: 650 SW 34 St, SUITE 301, Ft Lander GE, FT.
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: \( \begin{align*} \alpha \begin{align*} \alpha \lefta
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)
ACBERTO NABUT, JR
10923 NW 121+, MOLEY, F/3374
MOK7, P1 33178 38 FEB
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ACBIMO NAGUT, JR
PO Box NOT accomple
FF LANdedste, FI 3334
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.
Signature of an office for director  ALBERTO NABUT JR.  Printed or typed name and title
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.
7-31-09 Signature of Registral August
Signature of Registric Agent Date  If signing on behalf of an entity:
N/A
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 \* \* \*