

PO8000023284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400197649494

03/14/11--01041--002 **35.00

PA to chy

FILED
11 MAR 24 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 2-3-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2011

ROBERT A. WRIGHT
REGIONAL MARKETING ASSOCIATES, INC.
707 GENTRY COURT
GOTHA, FL 34734

SUBJECT: REGIONAL MARKETING ASSOCIATES, INC.
Ref. Number: P08000023284

We have received your document for REGIONAL MARKETING ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 611A00006382

CORRECTED FORM ENCLOSED
RECEIVED
11 MAR 21 AM 8:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ROBERT A. WRIGHT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REGIONAL MARKETING ASSOCIATES, INC.
Name of Corporation

DOCUMENT NUMBER: P08000023284

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:

ROBERT A. WRIGHT
Name of Contact Person

REGIONAL MARKETING ASSOCIATES, INC.
Firm/Company

707 GENTRY COURT
Address

GOTHA, FLORIDA 34734
City/State and Zip Code

rwright014@cfl.r.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT A. WRIGHT at (407) 731-7665
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable 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

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: REGIONAL MARKETING ASSOCIATES, INC.

2. The principal office address: 707 GENTRY COURT, GOTHA, FL 34734

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/2007 Document number: PO8000023284

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)

UNITED STATES CORPORATIONS AGENTS, INC.

320 S. FLAMINGO ROAD UNIT 347

PEMBROKE PINES, FL 33207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT A. WRIGHT

707 GENTRY COURT

P.O. Box NOT acceptable

GOTHA, FLORIDA 34734

FILED
11 MAR 24 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

ROBERT A. WRIGHT
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.

[Signature]
Signature of Registered Agent

MARCH 14, 2011
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