P08000067453

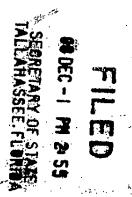
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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R-A. Change C.COULLIETTE

DEC 042008

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations	
	en de la companya de La companya de la co	. ,
SUB.	JECT: The V.E.R.T. Group Inc. (Name of Corporation)	
	(Name of Corporation)	
DOC	UMENT NUMBER: P08000067453	
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Pleas	e return all correspondence concerning this matter to the following:	
	,	
	Lynda DeBree	
	Lynda DeBree (Name of Contact Person)	
	The V.E.R.T. Group Inc.	
	(Firm/Company)	
	3 Signal Avenue	
	(Address)	
	Ormond Beach, FL 32174 (City/State and Zip Code)	
	` ' '	
For fi	arther information concerning this matter, please call:	
	Lynda DeBree at (386) 377-5644 x256	
	Lynda DeBree at (386) 377-5644 x256 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
ъ .	1. 025.00 1 1 1 1 1 1 1 1 2 1 2	
Enclo	sed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	
	Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	
	Tallahassee, FL 32301	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of	
	er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: The V.E.R.T. Group Inc.	
2. The principal	office address: 3 Signal Avenue Ormond Beach FL 32174	
3. The mailing a	address (if different): Same	
4. Date of incom	poration/qualification: 7/11/08 Document number: P08000067453	
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Marshall H. Barkin	
	149 S. Ridgewood Avenue, Suite 210	S S
,	Daytona Beach FL 32114	
The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	3
	CT Corporation System	55
	1200 South Pine Island Rd	
	(P.O Box NOT acceptable)	
	Plantation, FL 33324	
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the carporation has been notified in writing of the change.	
1/1ac	re of profitor or director) (Printed or typed name and title)	
hereby accept to further agree to furthe	the of profition of director) the appointment as registered agent and agree to act in this capacity. Comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this is filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Naa	11-4-08	
(Sign f signing on beh	nature of Registered Agent) (Date) nall f of an entity:	
Madri	notes Pitter Abrillian	

Special Assistant Secretary FILING FEE: \$35.00 * * *

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