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COCONU	ARTHUR EET RESOLU GECOACH D T CREEK, FL	UTIONS, INC. PRIVE . 33073
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SECRETARY OF STATE

C.COULLIETTE
MAY 1 8 2009

EXAMINER



TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Main Street Resolutions, Inc. 2. The principal office address: 5160 Stage Coach Drive
(Dronnet Creek, ATP. 33073
3. The mailing address (if different): PO BOX 976517
Oconut Creek, 41. 33097
4. Date of incorporation/qualification: 10108 Document number: P080006922U
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) THAT L. ATHUL North Ocean Blue #510 Pompano Beach, St. 330 23 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): The Athur Street address of the new registered agent (if changed) and /or registered office (if changed): Street Athur Street (if changed) and /or registered office (if changed): Street Athur Street (if changed) and /or registered office (if changed) and /or registered office (if changed): Street Athur Street (if changed) and /or registered office (if changed): Street Athur Street (if c
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. (Printed or types 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 of Revistered Agent) (Date)
If signing on behalf of an entity: TI Ffan U L Arthur

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

(Typed or Printed Name)