

P09.000028262

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8-25-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RALPH A. MARSTON INVESTIGATIONS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P09000028262

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:

JOAN GRIFFITH

Name of Contact Person

RALPH A. MARSTON INVESTIGATIONS, INC.

Firm/Company

P.O. BOX 14035

Address

NORTH PALM BEACH FL 33408-4035 US

City/State and Zip Code

joanegriffith@hotmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED  
2009 AUG 17 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOAN GRIFFITH

Name of Contact Person

at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2009

JOAN GRIFFIN  
RALPH A. MARSTON INVESTIGATIONS, INC.  
P. O. BOX 14035  
NORTH PALM BEACH, FL 33408-4035

SUBJECT: RALPH A. MARSTON INVESTIGATIONS, INC.  
Ref. Number: P09000028262

We have received your document for RALPH A. MARSTON INVESTIGATIONS, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The filing fee for this document is \$35.00. It cannot be filed without the additional \$10.00.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 209A00027941



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2009

JOAN GRIFFIN  
RALPH A. MARSTON INVESTIGATIONS, INC.  
P. O. BOX 14035  
NORTH PALM BEACH, FL 33408-4035

SUBJECT: RALPH A. MARSTON INVESTIGATIONS, INC.  
Ref. Number: P09000028262

We have received your document for RALPH A. MARSTON INVESTIGATIONS, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

There is a balance of \$10.00 due to file the Statement of Change.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 909A00020968

**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: RALPH A. MARSTON INVESTIGATIONS, INC.
- 2. The principal office address: 321 NORTHLAKE BLVD. SUITE 110,  
NORTH PALM BEACH FL 33408 US
- 3. The mailing address (if different): P.O. BOX 14035  
NORTH PALM BEACH FL 33408-4035 US
- 4. Date of incorporation/qualification: 03/27/2009 Document number: P09000028262

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)

JOAN GRIFFITH  
\_\_\_\_\_  
\_\_\_\_\_

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

RALPH A. MARSTON  
321 NORTHLAKE BLVD. SUITE 110  
P.O. Box NOT acceptable  
NORTH PALM BEACH FL 33408

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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.

Ralph A. Marston  
Signature of an officer or director

RALPH A. MARSTON  
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.

Ralph A. Marston  
Signature of Registered Agent

5/29/09  
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  
CR2E045 (8/05)