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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: O'BRIEN TARGETED Name of Corp	MARKETING SERVICES, INC.	
DOCUMENT NUMBER: P09000046593	·····	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
G. BARRY WILKINSON Name of Contac	ot Person	
G. BARRY WILKINSON, P. Firm/Comp	A.	
P. O. BOX 8102	•	
Address	3	
MADEIRA BEACH, FL 337	38-8102	
City/State and 2	Zip Code	
gbarryw@tampabay.rr.co E-mail address: (to be used for futu	m re annual report notification)	
For further information concerning this matter, please call	l:	
G. BARRY WILKINSON	at (727) 823–1514 Area Code & Daytime Telephone Number	
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	

CR2E045 (03/12)

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

statement of change is submitted for a.c	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State ofFLORIDA	
The name of the corporation: O'BRIEN TARGETED MARKETING SERVICES, INC.		
2. The principal office address:	3135 STATE ROAD 580, SUITE #13	
	SAFETY HARBOR, FL 34695	
3. The mailing address (if different):	1477 APPLE AVENUE	
	MUSKEGON, MI 49442	
4. Date of incorporation/qualification:	05/18/2009 Document number: <u>P09000046593</u>	
5. The name and street address of the confidence of State: (If resignation of State)	urrent registered agent and registered office on file with the med, enter resigned)	
	WILKINSON, G. BARRY ESQUIRE	
are 1971 to 1974 to 19	696 1ST AVENUE NORTH, SUITE 201	
	ST. PETERSBURG, FL 33701	
6. The name and street address of the ne (if changed):	ew registered agent (if changed) and /or registered office WILKINSON, G. BARRY ESQUIRE	רו״
	را الشقي	
	8283 27TH AVENUE NORTH	L.J
The street address of its registered offi	ice and the street address of the business office of its registered agence.	
Such change was authorized by resolution authorized by the board, or the corporate	yon duly adopted by its board of directors or by an officer so attorn has been notified in writing of the change.	
Agnature of air other or irrepo	GRECORY T. WILKINSON, DIRECTOR Printed or typed name and title gistered agent and degree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I as been notified in writing of this change.	
Fyped 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 (03/12)