## P0900067227

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	3				
SUBJECT:	Engaged Multi	imedia, Inc.			
DOCUMENT NUMBER:	P09	9000067227	·		
The enclosed Statement of Chan	ge of Registered Offi	ce/Agent and fee are s	submitted for filing.		
Please return all correspondence concerning this matter to the following:					
•	_				
	Lawrence G. \	Valters, Esquire			
	Name of Co	Walters, Esquire ontact Person			
		aw Group	<u></u>		
	Firm/C	Company			
	40514	<b>5</b> : A			
<del></del> -	195 W. Pine Ave. Address				
	Longwood F	1 32750-4104			
	City/State a	L 32750-4104 and Zip Code			
E-mail address: (to be used for future annual report notification)					
<u> </u>					
For further information concerni	ng this matter, please	call:			
Lawrence G. Walte		at (407)_	975-9150 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:	Street Ad	dress:		
Amend	ment Section	Amendm	ent Section		
	n of Corporations		of Corporations		
P.O. Bo	ssee FL 32314	Clifton B	unding cutive 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, Flor nge is submitted for a corporation organized under the laws of the State r to change its registered office or registered agent, or both, in the State	of Florida			
1. The name of t	he corporation: Engaged Multimedia, Inc.				
2. The principal office address: 9838 Old Baymeadows Rd. #121, Jacksonville, FL 32256					
3. The mailing a	ddress (if different): 195 W. Pine Ave., Longwood, FL 32750-	4104			
4. Date of incorp	poration/qualification:08/07/2009 Document number:	P09000067227			
	street address of the current registered agent and registered office on fil tment of State: (If resigned, enter resigned)	e with the			
	Lawrence G. Walters, Esquire	#F			
	781 Douglas Ave.	<b>7</b>			
	Altamonte Springs, FL 32714				
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered	AM 9:			
	195 W. Pine Ave.	50 TE			
	P.O. Box NOT acceptable	******			
	Longwood, FL 32750-4104				
The street addre	ss of its registered office and the street address of the business office be identical.	of its registered agent,			
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change	y an officer so			
Signatur	e of an officer or director Printed or typed name	and title			
I hereby accept I further agree t of my duties, an document is bes corporation has	the appointment as registered agent and agree to act in this capacity o comply with the provisions of all statutes relative to the proper and d <u>I am famili</u> ar with and accept the obligation of my position as regis ng filed merely to reflect a change in the registered office address, I h been notified in writing of this change.	complete performance tered agent. Or, if this sereby confirm that the			
	6.24.11	•			
Sign	nature of Registered Agent Date				
If signing on be	half of an entity:				
Tv	ped or Printed Name				

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