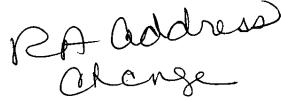
P1000031399

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Linky Name)						
(Document Number)	—					
Certified Copies Certificates of Status						
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04/26/12--01024--016 **35.00



DR 5/1/12

COVER LETTER.

Amendment Section Division of Corporations

TO:

SUBJECT:	SUBJECT: PSI Marketing, Inc.						
	Name of C	Corporation					
DOCUMENT NUMBER	:P10	000031299					
The enclosed Statement of	Change of Registered Offic	e/Agent and fee are submitted for fi	iling.				
Please return all correspondence concerning this matter to the following:							
•			•				
	Samantha Jackson						
	Name of Contact Person						
Meriam Corporate Services, Inc.							
	Firm/Company						
	PO Box 52588						
	Add	ress					
14 A 7 0 5 0 0 0							
Mesa AZ 85208 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
	,	•					
For further information cor	ncerning this matter, please of	call:					
Samanti	na Jackson	720	0450				
	ontact Person	at (<u>720</u>) 318 Area Code & Daytime Telep	hone Number				
D 1 11 00000 1 1							
Enclosed is a \$35.00 check	made payable to the Depart	tment of State.					
N.A.	ailing Address:	Street Address					
Ar	nendment Section	Street Address: Amendment Section					
	vision of Corporations	Division of Corporation	ns				
- ·	O. Box 6327	Clifton Building	O' 1				
Ta	Illahassee, 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	inge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta d agent, or both, in the Stat	te of Florida
1. The name of	the corporation: PSI N	larketing, Inc.	•	
2. The principal	office address: 500 Wi	nderly Place St	e 200 Maitland, FL 32	?751
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification:	4/12/2010	Document number:	P10000031299
	d street address of the cur tment of State: (If resign		nt and registered office on f	ile with the
	Sarah Ward	<u>.</u>		
	1211 STATE RD 4	36 STE 115		神智量工
	CASSELBERRY F	L 32707		126
6. The name and (if changed):	I street address of the nev	v registered agent (if changed) and /or register	WILLAHASSEE FLORID SECRETARY OF STATE OFFICER TALLAHASSEE FLORID TOTAL STATE TOT
	Sarah Ward			
	500 WINDERLY PI			
		P.O. Box NOT ac	ceptable	
	MAITLAND, FL 327	751		
The street addre as changed will	ess of its registered offic be identical.	e and the street add	dress of the business office	e of its registered agent,
Such change wa authorized by th	as authorized by resoluti ne board, or the corporat	on duly adopted b	y its board of directors or ied in writing of the chang	by an officer so
SV	re of an officer or director		SARAH V	
I hereby accept I further agree t of my duties, an document is bei	the appointment as real	sions of all statute I accept the obliga t a change in the r	igree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	על
Signature of Registered Agent			4.25.1	12
•	half of an entity:		Date	
Ty	yped or Printed Name	<u> </u>		

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