

P10000076616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

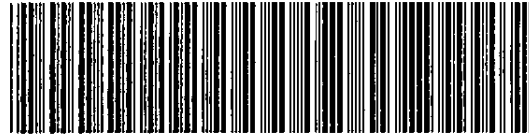
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400193333234

02/07/11--01035--020 **35.00

FILED

2011 FEB - 7 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB 2-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Superior Marketing Associates
(Name of Corporation)

DOCUMENT NUMBER: P10000076616

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:

Charles Matthews
(Name of Contact Person)

Superior Marketing Associates
(Firm/Company)

P.O. Box 701625
(Address)

St. Cloud FL 34769
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Matthews at (407) 495-7262
(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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Superior marketing ASSOCIATES, Inc.
2. The principal office address: 8865 commodity cir
Orlando, FL 32819
3. The mailing address (if different): 112 Buena Ventura Blv
Hissimmee FL, 34743
4. Date of incorporation/qualification: 9-18-2010 Document number: 010000076616
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)

Rene BALLE
2600 BREAKER Lane
Hissimmee FL 34746

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

Charles Matthews
112 Buena Ventura Blv
(P.O. Box NOT acceptable)
Hissimmee Florida 34743

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB -7 PM 3:09

FILED

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.

Charles Matthews
(Signature of an officer or director)

Charles Matthews Director
(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.

Charles Matthews
(Signature of Registered Agent)

1-31-10
(Date)

If signing on behalf of an entity:

Charles Matthews
(Typed or Printed Name)

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