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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC

Account Number : I20150000127

: (800)567-4397

Fax Number

: (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

sbourne@codexmarketing.com Email Address:

## REGISTERED AGENT CHANGE CODEX MARKETING, INC

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

CODEX MARKETING, INC

Name of Corporation

DOCUMENT NUMBER: P12000101449

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:

Suzanne Bourne

Name of Contact Person

CODEX MARKETING, INC

Firm/Company

5930 English Oaks Lane

Address

Naples, FL 34119

City/State and Zip Code

sbourne@codexmarketing.com

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

For further information concerning this matter, please call:

Kanetha Bishop

 $\sim 008$ 

567-4397

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 cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FL er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation; CODEX MARKETING, INC	
	office address: 5930 ENGLISH OAKS LANE NAPLES, FL 34119	
3. The mailing a	address (if different);	_
4. Date of Incorp	poration/qualification: 12/13/2012 Document number: P12000101449	
	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)	
	SUZANNA BOURNE	
	5930 ENGLISH OAKS LANE	
	NAPLES, FL 34119	
6. The name and (If changed):	a largest address of the new registered agent (if changed) and /or registered office	(の)
	1540 GLENWAY DRIVE P.O. Box NOT occeptable	
	P.O. Box NOT preeptable TALLAHASSEE, FL 32301	
The street addre	bes of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was	s authorized by resolution duly adopted by its board of directors or by an officer so the board, on the change.	
FA Signatur	TO THE OF THE CHO	
l liereby accept i I fid lier agree f performance of i penf. Or, if thi lereby confirm i	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my dulies, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
K.P.	mbure of Registered Ageni	
	half of an entity;	
	hop, Assistant Secretary	

\* \* \* 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)