P93000011967

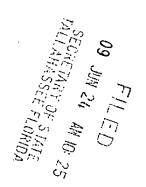
(Requestor's Name)					
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bbA)	ress)	<u> </u>			
(City)	/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

Division of Corpora	ations				
SUBJECT:	Auditel,				
	Name of C	Corporation			
DOCUMENT NUMBER:	P30	000011967			
The enclosed Statement of C	Change of Registered Offic	ee/Agent and fee are submi	tted for filing.		
Please return all correspond	ence concerning this matte	r to the following:			
	Barbara	Clements	·		
	Name of Co	intact Person			
	Audite	el, Inc.			
	Firm/Company				
	16727 Roya	l Palm Drive			
	Add	iress			
	Groveland	. FL 34736			
	City/State a	, FL 34736 nd Zip Code			
	hclements@a	uditeling com			
bclements@auditelinc.com E-mail address: (to be used for future annual report notification)					
For further information con-	cerning this matter, please	call:			
Barbara	Clements	at (321)	217-2120		
Name of Co	ntact Person	Area Code & Dayti	217-2120 me Telephone Number		
Enclosed is a \$35.00 check	made payable to the Depar	rtment of State.			
Ma An	iling Address:	Street Address: Amendment So	ection		
	vision of Corporations	Division of Co			
	D. Box 6327	Clifton Buildin	-		
Ta	llahassee, FL 32314	2661 Executiv Tallahassee, F	re Center Circle L 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, c ange is submitted for a corporation organized under the er to change its registered office or registered agent, or	laws of the State of	Florida
	the corporation: Auditel, Inc.		
	l office address: 16727 Royal Palm Drive, Grove	eland, FL 34736	
3. The mailing ac	address (if different): P.O. Box 560506, Montvere	de, FL 34756	
4. Date of incorp	poration/qualification: 02/08/1993 Docume	ent number: F	P93000011967
	d street address of the current registered agent and registerment of State: (If resigned, enter resigned)	tered office on file wi	th the
	301 N. Tubb St., Suite I, Oakland, FL 3476	sn.	
	00111. 1400 Ott., Odito 1, Oditatia, 1 E 0476		- AS
)9 (LL)
			- SS: - 2
6. The name and (if changed):	d street address of the new registered agent (if changed)	and /or registered off	ICE D
	16727 Royal Palm Drive, Groveland, FL 34	1736	IO: 25
	P.O. Box NOT acceptable		-
The street addre	ess of its registered office and the street address of the	business office of it	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board, he board, or the corporation has been notified in writing	of directors or by an ng of the change.	officer so
12m	v-1 lle	Barbara Cleme	ents
		Printed or typed name and ti	tle
I hereby accept I further agree t of my duties, and document is bein corporation has	t the appointment as registered agent and agree to ac to comply with the provisions of all statutes relative t nd I am familiar with and accept the obligation of mv ing filed merely to reflect a change in the registered o s been notified in writing of this change.	in this capacity. o the proper and con position as registere ffice address, I here	nplete performance d agent. Or, if this by confirm that the
/2	- 1 (Po_	06/00/000	
Sign	gnature of Registered Agent	06/22/2009 Date	
If signing on bel	ehalf of an entity:		
Ba	Barbara Clements		
•	Typed 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