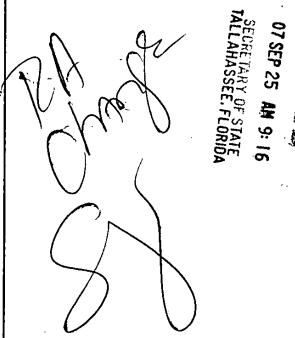
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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ultra MARKeting Concepts, Inc. (Name of Corporation)
DOCUMENT NUMBER: P. 94000049660
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:
SUSAN Schoenberg (Name of Contact Person)
Ultra MARKeting Concepts (Firm/Company)
2950 NW Commerce Park DR., # F-14 (Address)
BOYNTON BEACH, F-L 3342 6 (City/State and Zip Code)
For further information concerning this matter, please call:
SUSan Schoenberg at (561) 586-1966 (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 Street Address: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ovisions of sections 607.0502, 617.050. ge is submitted for a corporation organ to change its registered office or registe	ized under the laws of the State of _	FloriDA
	e corporation: ULTRA MA		
2. The principal of	ffice address: 2950 NW C	ommerce park Dr,	r=-14,
Bo	YNTON BEACK, FL	33426	
3. The mailing add	dress (if different):		
4. Date of incorpo	oration/qualification: 1/31/6/	Document number:	10000 49600
5. The name and s Florida Departs	street address of the current registered agnent of State:	gent and registered office on file wi	th the
_	Susan Schoen	berg	_
	9599 Campi DR	·	₹ 0 O
_ _	Lake worth,		T SE
6. The name and s (if changed):	treet address of the new registered agen	·	ASSEE.
	ERIN Sc	hoenberg	F SI
_	4207 Cohun	hoenberg e Palm Court	AIF IS
_	(F.O. Box NOT acceptable)		- -
_	<u>b-reenacre</u>	S, FLORIDA 33	2465
The street address as changed will b	s of its registered office and the street e identical.	address of the business office of it	ts registered agent,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been no	I by its board of directors or by an tified in writing of the change.	officer so
Susue (Signature	Schaeuberg of an officer or director)	SUSAN Schoenb	erg Bres.
I hereby accept the further agree to of my duties, and document is being corporation has be	ne appointment as registered agent an comply with the provisions of all state I am familiar with and accept the oble g filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and con igation of my position as registere e registered office address, I herel	nplete performance d agent. Or, if this by confirm that the
Susan	~ Schauberg	9-19-07	
(Signa	ature of Registered Agent)	(Date)	
If signing on beha	alf of an entity:		
(Тур	ped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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