## P95000029362

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A PROFESSIONAL ASSOCIATION

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> WRITER'S EMAIL dmetzler@allendell.com

December 30, 2004

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: Florida Marketing Associates, Inc.

Document No.: P95000029362

Dear Sir/Madam:

The enclosed Statement of Change of Registered Office/Agent and fee in the amount of \$35.00 are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra M. Metzler, Esquire ALLEN DELL, P.A. 202 S. Rome Avenue, Suite 100 Tampa, Florida 33606 (813) 223-5351

Thank you for your attention to this matter.

DMM/dm **Enclosures** 

cc: Bret Haley

## STATEMENT OF CHANGE OF REGISTERED AGENT AND PHR. 4. FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutos, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered agent in the State of Florida.

- 1. The name of the corporation: Florida Marketing Associates, Inc.
- 2. The principal office address: 8406 N. Benjamin Road, Suite A, Tampa, Florida 33634.
- 3. The mailing address (if different): N/A
- 4. Date of incorporation/qualification: 04/10/95

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Haley, Bret J.

8406 N. Benjamin Road, Suite A, Tampa, Florida 33634.

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

Metzler, Debra M., Esquire

202 S. Rome Avenue, Suite 100, Tampa, Florida 33606.

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.

Signature of officer or director

BRET J. HALEY PRESIDENT

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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, POST OFFICE BOX 6327, TALLAHASSEE, FLORIDA 32314