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UBJECT:	EXECUTIVE DETAILS PLUS. INC. (Name of Corporation)	
•		
DOCUMENT NU	MBER:	
The enclosed State	ment of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all co	prespondence concerning this matter to the following:	
	Mark N. McQuagge	
•	(Name of Contact Person)	
	McQuagge & Blaue PA	
-	(Firm/Company)	
• .	06 223 - 3 01 - 1 0 27 406	
· _	96 Willard Street, Suite 106	
_	(Address)	
	Cocoa, Florida 32922	•
	(City/State and Zip Code).	·
For further inform	ation concerning this matter, please call:	
Mark I	N. McOuagge at (321) 631-1775 ame of Contact Person) (Area Code & Daytime Telephone N	J117
(, ;	Thou could be buy time receptable.	141

Amendment Section Division of Corporations P.O: Box 6327 Tallahassee, FL 32314

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

statement of chan	rovisions of sections 60 ige is submitted for a co to change its registered	rporation organiz	ed under the	e laws of the S	State of <u>F</u>	lorida		
1. The name of th	ne corporation:	Executive	Detail	s Plus,	Inc.			
2. The principal of	ffice address:	260 North Drive, Melbourne, Florida 32934 US						
3. The mailing ad	dress (if different):	Same						
4. Date of incorpo	oration/qualification:	01-20-98	Docume	ent number: _	P980	000062	90	
5. The name and Florida Departs	Chris	Kelley, P		tered office o	n file witl	1 the		
		ırne, Flor		934 US	tered offi	ce L.	80	
(if changed):	Mark 1	N. McQuagg	e, Esqu	ire		RE IAR AHASS	7. SIN	
	(P.O.	llard Stre Box NOTacceptable) , Florida	et ⁽ , Sui 32922	te 106		Y OF STAI EE, FLORI		
The street address as changed will l	ss of its registered offic be identical.	e and the street a	ddress of th	e business of	fice of its	registered	l agent,	
- Angnatur	s authorized by resolution board, or the corporate of an officer or director)	·	Chris	Kelley,	Presi	ident	, 	
I hereby accept to a further agree to of my duties, and document is bein corporation has	the appointment as reg o comply with the provi of I am familiar with and of filed merely to reflect been notified in writing	istered agent and sions of all statu daccept the oblig t a change in the gof this change.	agree to actes relative to actes relative to action of my registered to	t in this cape to the proper position as p office addres.	acity. and com registered s, I hereb	plete perfo 1 agent. O 1y confirm 1	ormance r, if this that the	
	atura of Registered Agent)			(Dat	<i></i>			
	McQuagge yped or Printed Name)							

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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