P99000033434

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Cassial landwartings to Filips Officer		
Special Instructions to Filing Officer:		

Office Use Only



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Change

05/07/12--01023--003 **35.00



100/12

COVER LETTER

TO: Amendme Division of	ent Section of Corporations		
SUBJECT:	US MESSAGIN Name of Corp	oration .	
DOCUMENT NUMBER:			
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:			
	P. B. Bex Address Address TAMPA, FZ City/State and Z	271739 Sip Code	
_	E-mail address: (to be used for futu	re annual report notification)	
	ation concerning this matter, please call me of Contact Person	at (
Enclosed is a \$35.	00 check made payable to the Departme	nt 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLCRIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: US MESSAGING //NC.
2. The principal office address: 28324 MILLER ROAD
DADE CITY, FL 33525
3. The mailing address (if different): P.O. BCX 274168
TAMPA, FL 33688
4. Date of incorporation/qualification: $\frac{4/8/99}{}$ Document number: $\frac{P9900003343}{}$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 PG = T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ERIC LUCAS 700 7
P.O. Box NOT acceptable
DADE CITY, FZ 33525
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 an officer or director ERIC LLEAS, OWNER 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:

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

Typed or Printed Name