

V14628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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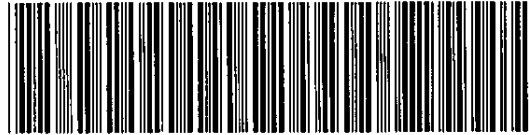
(Business Entity Name)

(Document Number)

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SUBJECT MATTER

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/12/14

NAME: ADVANCED RETAIL MERCHANDISING, INC

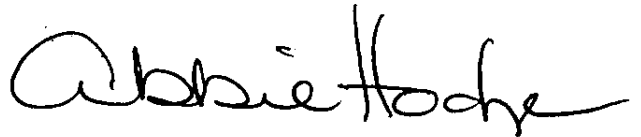
TYPE OF FILING: CHANGE OF AGENT

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AUTHORIZATION: ABBIE/PAUL HODGE



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Advanced Retail Merchandising, Inc.
2. The principal office address: 2515 Drane Field Rd Lakeland FL 33811
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/14/1992 Document number: V14628
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)

Tom Graham

2515 Drane Field Rd

Lakeland

FL

33811

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

National Corporate Research, Ltd., Inc.

155 Office Plaza Drive

P.O. Box NOT acceptable

Tallahassee

Florida

32301

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.

James Hall
Signature of an officer or director

James Hall

CEO

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.

Connie Braden
Signature of Registered Agent

2/12/2014
Date

If signing on behalf of an entity:

Connie Braden

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
CR2E045 (03/12)

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