117875

(Requestor's Name)
(Address)
<u> </u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: GOLD TOUCH, INC.			
(Name of Corpora	ation)		
DOCUMENT NUMBER: V17875			
The enclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.		
Please return all correspondence concerning this matter to the	e following:		
	J		
Janice Null			
(Name of Contact Person)			
Incorp Services, Inc.			
(Firm/Company)			
375 N. Stephanie St., Suite 1411 (Address)			
(Address)			
Handaman NV 00044 0000			
Henderson, NV 89014-8909 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Janice Null on behalf of Incorp Services, Inc at (702) 866-2500 ext. 2027 (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailina Address	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
i ananassee, i d 32314	Tallahassee, FL 32301		

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

statement of che	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida	
in orde	er to change its registered office or i	registered agent, or both, in the State of Florida.	
1. The name of	the corporation: GOLD TOUCH, IN	IC.	
2. The principal	office address: 12801 BEREA ROA	AD, CLEVELAND, OH 44111	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 02/28/1992	Document number: V17875	
	d street address of the current regist rtment of State:	ered agent and registered office on file with the 29	
	COLLINS, TERRY S P	JUN -	TI
	12801 BEREA RD.	VIKT CI	Ш
	CLEVELAND, OH FL 4411		O
6. The name an (if changed):		ed agent (if changed) and /or registered office	
	Incorp Services, Inc.		
	17888 67th Court Nort		
	(P.O. Box NOT ac		
	Loxahatchee, FL 3347	0	
The street addr as changed wil	ress of its registered office and the l be identical.	street address of the business office of its registered agent,	,
Such change wauthorized by t	as authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
√ √ (Signa	fure of an officer or director)	Terry P. Collins, President (Printed or typed name and title)	
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept to ing filed merely to reflect a chang is been notified in writing of this c	ent and agree to act in this capacity, ill statutes relative to the proper and complete performanc he obligation of my position as registered agent. Or, if thi, e in the registered office address, I hereby confirm that the hange.	e s
Janic	ignature of Registered Agent)	6/3/09 (Date)	
		(Date)	
Af signing on b	ehalf of an entity:		
	n behalf of Incorp Services, Inc.	1	
((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 (8/05)