

F01000005652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

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09/13/05--01013--005 **35.00

RA
change

FILED
05 SEP 13 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMOVED
05 SEP 13 AM 10:02
TALLAHASSEE, FLORIDA

RAE
9/13/05

CORPORATE AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ED

DATE: 09/13/05

REF. #: RA0786.42211

CORP. NAME: INVESTMENT MANAGEMENT ADVISORY GROUP, INC.

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF REGISTERED AGENT | | |

STATE FEES PREPAID WITH CHECK# 514166 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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 PENNSYLVANIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INVESTMENT MANAGEMENT ADVISORY GROUP, INC.
2. The principal office address: 886 VAUGHN ROAD, POTTSTOWN, PA 19465
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/30/2001 Document number: F0100005652
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FRANK FLEISCHER C/O GRAY ROBINSON PA
201 N. FRANKLIN ST., SUITE 2200
TAMPA, FL 33602

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

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
(P.O. Box NOT acceptable)
TALLAHASSEE, FL 32301

05 SEP 13 PM 2:45
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Robert W. Jones
(Signature of an officer or director)

ROBERT W. JONES MANAGING DIRECTOR
(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.

Ed Lary
(Signature of Registered Agent)

9/13/05
(Date)

If signing on behalf of an entity:
ED LARY, ASST. SECRETARY
(Typed or Printed Name)

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