

K 96866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

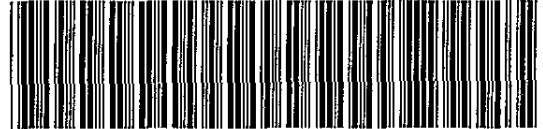
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900061090799

*No change
T. Lewis*

11/03/05--01009--003 **35.00

FILED
05 NOV 17 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A & B Marketing, Inc
(Name of Corporation)

DOCUMENT NUMBER: K96866

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:

Michael E. Keck
(Name of Contact Person)

A & B Marketing, Inc
(Firm/Company)

6500 Bowden Rd, STE 220
(Address)

Jacksonville, FL 32216
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael E. Keck at (904) 268-0033
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department 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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 4, 2005

MICHAEL KECK
A & B MARKETING, INC
6500 BOWDEN RD., STE. 220
JACKSONVILLE, FL 32216

SUBJECT: A & B MARKETING, INC.
Ref. Number: K96866

We have received your document for A & B MARKETING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 305A00066180

RECEIVED
05 NOV 17 AM 8:00
DIVISION OF CORPORATIONS

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

1. The name of the corporation: A & B Marketing, Inc
2. The principal office address: 6500 Bowden Rd, STE 220, Jacksonville, FL 32216
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/21/1989 Document number: K96866
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~A & B Marketing, Inc~~ MICHAEL E KECK

9450 Philips Hwy, STE 1

Jacksonville, FL 32256

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

~~A & B Marketing, Inc~~ MICHAEL E KECK

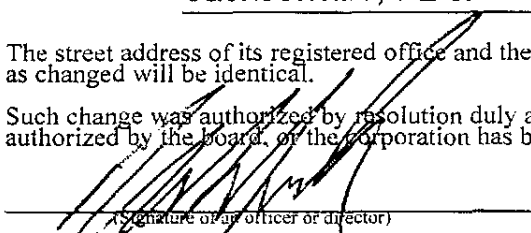
6500 Bowden Rd, STE 220

(P.O. Box NOT acceptable)

Jacksonville, FL 32216

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)

Michael E. Keck PRESIDENT
(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:

(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)

FILED
05 NOV 17 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA