P06000103479

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



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SECRETARY OF STATE
TALLAHASSEE, FI OBIE.

COVER LETTER

Divisio	on of Corporations	
SUBJECT:	Ask Patty . C (Name of Corpo	a M
DOCUMENT	NUMBER:	
The enclosed S	tatement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return al	I correspondence concerning this matter to t	he following:
	Pa-far Mar (Name of Contact	-i'ω Person)
	ASK Path (Firm/Compa	ny)
	7353 I (Address)	nternational Place #307
	Sayra Sota (City/State and Z	F1 34240 p Code)
For further info	ormation concerning this matter, please call:	
Pe	ter Martin (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$	35.00 check made payable to the Departmen	t 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 Florida.
1. The name of the corporation: Ask Patty. Com. Trc.
2. The principal office address: 7353 International Place #307 Sarasota, Florida 34240
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/9/6 Document number: Polo 000 103479
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company
Corporation Service Company 1201 Hays 5treet
Tallahasseer F1-32301 PS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Peter Martin
7353 International Place #307 PDF 5 (P.O. Box NOT acceptable) Sarasota Florida 34240
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) Pater Martin (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 o'Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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