834037

(Re	questor's Name)	
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SECRETARY OF STATE

PA Change
7/22/04

FILED



FILING REQUEST

July 12, 2004

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

ROY JORGENSEN ASSOCIATES, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #16015 FOR \$35.00

Retum Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

4 JUL 15 PM 4:55

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

		2, 607.1508, or 617.1508, Florida Statutes, this sta	
	itted for a corporation organized under the gistered office or registered agent, or both		in order
	the corporation: Roy Jorgensen Associa		
2. The principal	office address: P.O. Box 70, Buckeysto	WILMID 21/11	, <u>, , , , , , , , , , , , , , , , , , ,</u>
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 3/20/1975	Document number: 834037	
	d street address of the current registered agriment of State:	gent and registered office on file with the	
	CT Corporation System		ė.
	1200 S Pine Island Road		-
	Plantation, FL 33324		ind
6. The name an (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	SECRETARY OF
	NRAI Services, Inc.		ARY SSE
	526 E. Park Avenue		r of
	(P.O. Box or personal r	nailbox NOT acceptable)	STA:
	Tallahassee, FL 32301		
The street addr	ress of its registered office and the street e identical.	address of the business office of its registered a	gent, as
		I by its board of directors or by an officer so aut	
1	Signature of an officer of director)	Douglas W. Selby, Vice President (Printed or typed name and title)	
I further agree duties, and I a being filed mer been notified i	n wruing of this change.	d agree to act in this capacity, utes relative to the proper and complete perforn n of my position as registered agent. Or, if this office address, I hereby confirm that the corpor	nance of my document is ation has
NRAI Service by:	(Signature of Registered Agent)	712-04 (Date)	
If signing on b	ehalf of an entity:		
Sue Brodtma	nn	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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