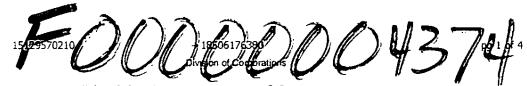
O 04/01/2019 4:08 PM 4/1/2019



## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H19000107905 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)766-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

FW911	Address:				
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## REGISTERED AGENT CHANGE PROFESSIONAL RESEARCH CONSULTANTS, INC.

Certificate of Status	0
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SURJECT: Professional Research Consultants, Inc.

Name of Corporation

DOCUMENT NUMBER. F00000004374

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

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705-7274

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

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

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation on er to change its registered office or reg	ganized under the laws of the State	of Nebraska_		
	the corporation: Professional				
2. The principal	I office address: 11326 P STR	IEET OMAHA, NE	68137		
3. The mailing	address (if different):				
4. Date of incor	rporation/qualification: 7/31/200	O Document number: FO	0000004374		
	d street address of the current registere urtment of State: (If resigned, enter resigned, WIGGIN, HAL		le with the		
	115 SOUTH ANDREWS AVE	., A360			
	FT LAUDERDALE	FL 33301	ad office SE		
6. The name an (if changed):	d street address of the new registered a	agent (if changed) and /or registere	ed office		
	Registered Agent Solutions	s, Inc.			
	Tallahassee, FL 32301	NOT acceptable			
The street addr as changed will	ess of its registered office and the stre I be identical.	eet address of the business office	of its registered agent,		
Such change was authorized by the	ras authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by notified in writing of the change.	an officer so		
/S/ Vose 14	recol an officer or director	Jose Inguanzo Printed or typed name a	President not title		
I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent to comply with the provisions of all si f my duties, and I am familiar with an is document is being filed merely to r that the corporation has been notifie mature of Registered Agent	tatutes relative to the proper and d accept the obligation of my pos reflect a change in the registered	ition as registered		
If signing on be	ehalf of an entity:				
	nell - Assistant Secretary Typed or Printed Name				
•	There is a consideration				