Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127

Phone :

: (800)567-4397 : (800)567-4398

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

Email Address: LINDAGkarasch.com

DIVISION OF CORPORATION

REGISTERED AGENT CHANGE KARASCH & ASSOCIATES, INC.

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P.002/003

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COVER LETTER

TO:

Amendment Section Division of Corporations

""""_{KCT.} KARASCH & ASSOCIATES, INC.

Name of Corporation

DOCTIMENT NUMBER.

F08000003324

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:

LINDA KARASCH

Name of Contact Person

KARASCH & ASSOCIATES, INC.

Firm/Company

1646 WEST CHESTER PIKE, STE 4

Address

WEST CHESTER, PA 19382

City/State and Zip Code

Linda@karasch.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop

Name of Contact Person

800 \567-4397

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

CR2E045 (03/12)

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STATEMENT OF CHANG	e of registered offici	E OR RÉGISTEREL	D AGENT OR
	BOTH FOR CORPORATION	ONS	

	isions of sections 607.0502, 617.0502, 607.1508, is submitted for a corporation organized under th		
	change its registered office or registered agent, or		
1. The name of the o	proporation: KARASCH & ASSOCIATES	s, INC.	
2. The principal office	ACAC WENT ALMOTED DU		
	WEST CHESTER, PA 19382	12	
3. The mailing eddre	ss (if different):		
4. Date of incorporat	tion/qualification; 07/28/2008 · Docum	ment number: F08000003324	
5. The name and stre	et address of the current registered agent and regint of State: (If resigned, enter resigned)	pistered office on file with the	MIG.
NF	RAI SERVICES, INC	 :	Sol
12	00 SOUTH PINE ISLAND ROAD		MAR 27
PL	ANTATION, FL 33324		7: 07.0 3: 07.0
6. The name and sur (if changed);	set address of the new registered agent (if change	1.	CORPORATION TO THE CORPORATION T
<u>UI</u>	RS AGENTS, LLC	! 	6
34	58 LAKESHORE DRIVE		
77/	P.O. Box NOT receptable ALLAHASSEE, FL 32312		
The street address t	of its registered office and the street address of ti	the business office of its registered ages	at,
Such change was a authorized by the b	uthorized by resolution duly adopted by its board oard, or the corporation has been notified in wri-	rd of directors or by an officer so iting of the change.	
Linda	March of Carolle	inde C Karasch Pres	ident
I hereby accept the I further agree to a performance of my agent. Or, if this a hereby confirm tha	oppointment as registered agent and agree to a outply with the provisions of all statutes relative duties, and i an familiar with and accept the old ocument is being filed merely to reflect a chang i the corporation has been notified in writing of	aci multis capacity. 14 in the proper and complete ibligation of my position as registered ge in their sgistered office address, I if this change.	
Signatu	TO OF RESIDENCE A SMITH	3-24-2017	-
If signing on bohal	f of an entity:	i	
	op. Assistant Secretary		
.,	* * * PTLING FEE: \$35.00 *	* * * *	
Man	MAKE CHECKS PAYABLE TO FLORIDA DEPA TO: DIVISION OF CORPORATIONS, P.O. BOX 632	ARTMENT OF STATE	
CR26043 (03/12)	i Tal Mi Linichii An. Adur Ann Linich e ini mpir Ang	A Samuel Manager and A special of the Author	