F9900000003205

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

Office Use Only



600234505256



OCEAN MENT OF STATE ON STATE OF THE STATE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF

RECEIVED 12 MAY -3 PM 3: 25

2012 HAY -3 PH 4:54
SECRETARY OF STATE
ASSEE, FLORIDI

5/4/12

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05-03-2012

NAME:

PPM CONSULTANTS, INC.

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

\$35

RETURN: PLAIN COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PA

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

statement of cha	nge is submitted for a c	corporation organized	17.1508, or 617.1508, Fic under the laws of the Sta agent, or both, in the Stat	te of Louisiana
1. The name of t	The name of the corporation: PPM CONSULTANTS, INC.			
2. The principal Monroe, L	office address: <u>1600</u> A 71201	Lamy Lane		
3. The mailing a Birmingi	ddress (if different): 5	555 Bankhead Hig	hway	
4. Date of incom	poration/qualification:	Jun 17, 1999	_ Document number:	F9900003205
	l street address of the c tment of State: (If resig		and registered office on t	file with the
	Lexis Document	Services, Inc.		.,,,
	1201 Hays Street	t		
	Tallahassee, Flor	ida 32301		
6. The name and (if changed):	i street address of the n	ew registered agent (if	changed) and /or register	2012 MAY -3 PM 4: 54 SECRETARY OF STATE TALLAHASSEE, FLORID
	National Corpora	te Research, Ltd.,	Inc.	TO T
	155 Office Plaza	Drive,	•	97 5
P.O. Box NOT acceptable Tallahassee, Florida 32301				01
The street adds	***************************************	 -	of the business offic	en of its recistered opent
_				e of its registered agent,
Such change was authorized by the	as authorized by resolute board, or the corporate to the	ution duly adopted by ration has been notifie	its board of directors or d in writing of the chan	by an officer so ge.
_/br			Michael Or typed par	Cour
	the appointment as re to comply with the pro d I am familiar with a ing filed merely to refi s been notified in writi	egistered agent and as ovisions of all statutes and accept the obligat ect a change in the re ang of this change.		ne and title ty. nd complete performance distered agent. Or, if this I hereby confirm that the
_6	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		5/3/2017	2
- []	mature of Registered Agent		Date	
	chalf of an entity:	_		
	vson, Assistant Se	cretary	•	
τ	yped 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)