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Division of Corporations

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: WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number : 076077002775

Phone

: (407)246-8692

Fax Number

: (407)423-7014

REGISTERED AGENT CHANGE

CO-ADVANTAGE PAYROLL TAX SERVICES, INC.

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

Pursuant to t	he provisions of sections (607.0502, 617.0502, 60	7.1508, or 617.1508, F	lorida Statutes,
the undersign	ed corporation organized u	inder the laws of the Sta	d office or recistered as	rent or hoth in
	ollowing statement in order	to change its registere	a office or regimered as	seim, or opin, ar
the State of Fi	of the corporation :			
	_	PC TNC		مــــ حدر
	TAGE FAYROLL TAX SERVIC			
,	g address of the corporation			
111 W. J	Jefferson Street, Suite	100, Orlando, Florida	a 32801	·
3. Date of in	corporation/qualification: _	5/04/01]	Document number: _ P01	.000055269
4. The name	and address of the current r	egistered agent and offic	ce:	. 0
	William H. Robbinson,	ਹੋੜ. ·		\$ PO "
	111 W. Jefferson Stree			
5 The name	orlando, Florida 3280 and address of the new regi		D and/or registered offic	e (if changed):
o. The name	and address of the new regi	O. Box Not Acceptabl	e)	42.00
	W. Graham White			957
	-			- Br
	250 Park Avenue South	, SEE FLOOR		
	Winter Park, Florida			
The street ad agent, as cha	dress of its registered officings, will be identical.	e and the street address	s of the business office	of its registered
Such change	was authorized by resoluti y the board.	ion duly adopted by its	board of directors or by	an officer so
authorizedib	y the board.		9/10	lon
	ure of an officer, chairman or vice of	hairman of the board)	— // <u>//</u> (Date)	<u> </u>
(0.5	7		1.0	•
William H. R	obbinson, Jr., Secretar (Printed or typed name at	y id fife)		
Having been		t and to account receive	of process for the above	e stated
corporation,	named as registered agen I hereby accept the appoin ee to comply with the prove of my duties, and I am far	ntment as reĝistered ag isions of all statutes rel	ent and agree to act in lative to the proper and	this capacity. complete
performance registered as	of my duties, and I am far	niliar with and accept t	he obligation of my pos	sition as
/ og androu ug	I'S O Bolk	In .	9/30/02	
	(Signature of Registered Agent)	<u> </u>	(Date)	
If signing on be	ehalf of an entity:			
	(Typed or Printed Name)		(Capacity)	<u> </u>
	* **	FILING FEE: \$35.00	***	
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