## P01000070826

| Requester's Name  Camelot Medical Services, A Staffing Agency 710 W. Colonial Drive, Suite Orlando, FL 32804 |                                      | 100051<br>-04/05/1<br>******3 | . <b>948916</b><br>0201033002<br>5.00 *****35.00 |
|--|--------------------------------------|-------------------------------|--|
| • •  | <u></u>                              | Office Use Only               |  |
| CORPORATION NAME(S) & DOCU   | IMENT NUMBEI                         | R(S), (if known):             | -  |
| 1(Corporation Name)  | (Docum                               | nent #)                       | DIN SECRETAR<br>SECRETAR<br>OZ APR               |
| Corporation Name)  | (Docum                               | ent #)                        | n 24m  |
| 3(Corporation Name)  | (Docum                               | nent #)                       | OF STATEME                                       |
| (Corporation Name)   | (Docum                               | ient #)                       | <u> </u>   |
| ☐ Walk in ☐ Pick up time _   | ******                               | Certified Cop                 | py .   |
| ☐ Mail out ☐ Will wait   | ☐ Photocopy                          | Certificate of                | Status   |
| NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other                                     | Change o                             |                               | r  |
| OTHER FILINGS  | REGISTRAT                            | TION/QUALIFICATION            |  |
| Annual Report Fictitious Name  | Foreign Limited F Reinstate Trademan | rk                            | Chg.   |
| CP25031(7/97)  |                                      | Examiner's In                 | itials   |

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  |
|--|
| the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in   |
| the State of Florida   |
| 1. The name of the corporation: <u>Camelot Medical Services Inc.</u>   |
|  |
| 2. The mailing address of the corporation: 710 W. Colonial Drive Orlando,  |
| Florida 32804  |
|  |
| 3. Date of incorporation/qualification: July 18. 2001 Document number: Pologoo 70826   |
| 4. The name and address of the current registered agent and office:  |
| Veronica Laty  |
| 13416 Texas Woods Circle in 600  |
| _ Orlando FL 32824 2 30  |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  |
| (P. O. Box Not Acceptable)   |
| Hosson Latty   |
| 944 Cherry Valley Way  |
| _(Orlando, FL 32828  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.   |
| (Signature of an officer, chairman or vice chairman of the board) (Date)   |
|  |
| KONAH B. GomEZ Vice President (Printed or typed name and title)  |
| Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. |
| Storson Laty 4-3-02  |
| (Signature of Registered Agent) (Date)   |
| If signing on behalf of an entity:  Latty Registered, Agent  |
| (Typed or Printed Name) (Capacity)   |
|  |

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