P02000086445

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

Office Use Only



700012210467

02/10/03--01036--009 **35.00



RA Chg.

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ALLIED HR, INC.
(Name of corporation)
DOCUMENT NUMBER: P02000086445
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:
Michelle Simoneau (Name of person)
ALLIED HR, INC. (Name of firm/company)
13575 58th Street North, Suite 177 (Address)
Clearwater, Florida 33760-3721 (City/state and zip code)
For further information concerning this matter, please call:
Michelle Simoneau at (727) 538-7750 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

	of change is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes a organized under the laws of the State of ad office or registered agent, or both, in the State
of Florida.		<i>3</i>
1. The name of	f the corporation: ALLIED HR, INC.	•
2. The principal	d office address: 13575 58th Stree	et North, Suite 177
<u> </u>	Clearwater, Flo	et North, Suite 177 prida 33760
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 08/09/02	Document number: <u>P02000086445</u>
	nd street address of the current registered artment of State:	d agent and registered office on file with the
	James T. Moran	
	13575 58th Street North, S	Suite 177
	Clearwater, Florida 33760	
6. The name an	nd street address of the new registered	d agent (if changed) and /or registered office (if
	Michelle Simoneau	· · · · · · · · · · · · · · · · · · ·
	13575 58th Street North, S (P.O. Box or personal mailbo	Suite 177
	Clearwater, Florida 33760	NITO I acceptable
The street addre	ess of its registered office and the stree	et address of the business office of its registered
Such change wa authorized by th	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officer so obtified in writing of the change.
Signature of an officer	r, chairman or vice Chairman of the board)	Mark A. Marino, Marketing Director (Printed of typed name and title)
performance of registered agen	t the appointment as registered agent a to comply with the provisions of all sta f my duties, and I am familiar with and nt. Or, if this document is being filed m	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as acrely to reflect a change in the registered has been notified in writing of this change.
//yichile	Signature of Registered Agent)	November 13, 2002 (Date)
lf signing on behal	If of an entity:	
Michelle Simoneau (Typed or Printed Name)		Registered Agent (Capacity)

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