## P94000083619

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



500269843805

SUFFICIENCY OF FILING TO ACKNOWLEBGE NOT INTENDED 15 FILING 15 FILING 15 FILING 15 FEB 24 FF FEB 24 FF FEB 24 FF FEB 25 FE

DEPARTMENT OF SOME DIVISION OF PM 2: 02

SECRETARY OF STATE DIVISION OF PORPORATION

RA/RO/Ch8 102/25/15 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 512912

AUTHORIZATION

COST LIMIT

ORDER DATE: February 24, 2015

ORDER TIME : 10:53 AM

ORDER NO. : 512912-005

CUSTOMER NO: 7707654

CHANGE OF AGENT

NAME: PRIMETAX SE/SW INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER:

## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: PrineTax SEISM	Name of Corporation						
DOCUMENT NUMBER: <u>P940</u>	000 83619						
The enclosed Statement of Change of Re	gistered Office/Agent and fee are submitted for filing.						
Please return all correspondence concern	ing this matter to the following:						
	A. Huches Name of Contact Person  7  Firm/Company						
	r itti/Company						
1487	DUNWFOOY Drive						
West Chester, PA 19380  City/State and Zip Code  Chushes & prime pay. Com  E-mail address: (to be used for future annual report notification)							
For further information concerning this n	•						
Name of Contact Person	at ( U/10 ) 296 · 4500  Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable	to the Department of State.						
Mailing Address Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction Amendment Section rporations Division of Corporations Clifton Building						

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

statement of cha	provisions of sections 607 nge is submitted for a cor r to change its registered	poration organized	l under the law	s of the State of	Florida	<u> </u>
1. The name of t	he corporation: PRIMETA	X SE/SW INC.	-	_	Tioriau.	
2. The principal	office address: 5402 Wes	t Laurel Street, Su	ite 109, Tamp	a, FL 33607		<del></del>
3. The mailing a	ddress (if different): 14	87 DUNWOODS	DRIVE	26.3		
					0083619	<del> </del>
5. The name and	poration/qualification: 06 street address of the curr timent of State: (If resigne	ent registered agen				
	John W Feyl				_	O
	5402 West Laurel Street	t, Suite 109			•	SEC IVISI
	Tampa		FL	33607	<del>-</del>	SECRE TARYOR VISION FEB 24
6. The name and (if changed):	street address of the new	registered agent (i	f changed) and	/or registered o		RP OF
	Corporation Service Cor	прапу			_	9: 16
	1201 Hays Street					
		P.O. Box NOT acce			<del></del>	
	Tallahassee		FL	32301	_	
The street addre	ess of its registered office be identical.	and the street add	ress of the bus	iness office of	its registered	agent,
Such change wa authorized by th	s authorized by resolution the board, or the corporation	n duly adopted by on has been notifie	its board of di d in writing o	rectors or by an f the change.	officer so	
Telono (	re of an officer or director		EDWALD Printer	A. Hug Hos For typed name and t	CFD	
I hereby accept I further agree to performance of agent. Or, if this hereby confirm Corporatio	the appointment as regis to comply with the provis my duties, and I am fami is document is being filed that the corporation has n Service Company	tered agent and ag ions of all statutes liar with and acce I merely to reflect to been notified in wi				red I
By: Sign	nature of Registered Agent	<u> </u>	02/24/6	9015 Date		
	half of an enti <b>p</b> inily Gray					
u.gg vii 00	Asst. Vice President	lent				
Ty	oped or Printed Name					

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