

388179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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700043894027

01/10/05--01012--008 \*\*43.75

RECEIVED  
05 JAN 10 10:04:46  
FILED  
05 JAN 10 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Charge

G. Gonzalez JAN 10 2005

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 01-10-05

REF. #: 0262.33627

CORP. NAME: VENDS, INC.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                            | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                    | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                            | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION              |   |  |
| <input checked="" type="checkbox"/> OTHER: <u>CHANGE OF AGENT</u> |   |  |

STATE FEES PREPAID WITH CHECK# 510966 FOR \$ 43.75.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vends, Inc.
2. The principal office address: 400 North Tampa Street, Suite 1700, Tampa, Florida, 33602
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/10/71 Document number: 388179
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Nathaniel L. Doliner, Esquire

777 S. Harbour Island Boulevard

Tampa, Florida 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Harold W. Mullis, Jr., Esquire

101 E. Kennedy Boulevard, Suite 2700

(P.O. Box NOT acceptable)

Tampa, Florida 33602

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TALLAHASSEE, FL 32314

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, or the corporation has been notified in writing of the change.

K.S. Johnson, V.P. & CEO  
(Signature of an officer or director)

Kimberly Johnson

(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed 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