

553702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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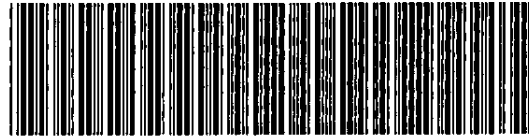
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TBrown

12-15-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Purchasing Services Corp.  
Name of Corporation

**DOCUMENT NUMBER:** 553702

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:

Roberto M. Vazquez  
Name of Contact Person

Florida Purchasing Services Corp.  
Firm/Company

7387 NW 54 Street  
Address

Miami, FL 33166  
City/State and Zip Code

flapurchsvscorp@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto M. Vazquez at ( 305 ) 240-7753  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Florida Purchasing Services Corp.
2. The principal office address: 7387 NW 54 Street, Miami, FL 33166
3. The mailing address (if different): same
4. Date of incorporation/qualification: 9/26/1977 Document number: 553702

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert M. Vazquez  
5220 N.W. 72ND AVE., BLDG. 9  
MIAMI, FL 33166


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

Roberto M. Vazquez  
7387 NW 54 Street  
Miami, FL 33166

P.O. Box NOT acceptable

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.

  
\_\_\_\_\_  
Signature of an officer or director

Roberto M. Vazquez  
\_\_\_\_\_  
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

12/11/2011  
\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA