646178

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R.A. Charge

C.COULLIETTE

SEC 0 1 2008

EXAMINER



ACCOUNT NO. : 07210000032
REFERENCE 805303 5024118
AUTHORIZATION TRUBBLE TO A SE OR
COST LIMIT : \$ 35.00
ORDER DATE: November 25, 2008
ORDER TIME: 1:25 PM
ORDER NO. : 805303-021
CUSTOMER NO: 5024118
CHANGE OF AGENT
NAME: ADMINISTRATIVE SERVICES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
PLAIN STAMPED COPT
CONTACT PERSON: Cindy Harris EXT# 2937
EXAMINER:

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

statement of cha	inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of Florida ered agent, or both, in the State of Florida.		_
1. The name of	the corporation: ADMINISTRATIV	VE SERVICES, INC.		
2. The principal 7990 S. V	office address:	3183		
_	nddress (if different):egal Department, 3501 Frontage	e Road, Tampa, FL 33607		
4. Date of incorp	poration/qualification: 11/26/1979	Document number: 646178		
	d street address of the current registered against treet of State:	gent and registered office on file with the		
	C T Corporation System			
	1200 S. Pine Island Road			
	Plantation, FL 33324		0	Y.
6. The name and (if changed):	I street address of the new registered agen	· · · · · · · · · · · · · · · · · · ·	08 NOV 26	STATE OF OR
	Corporation Service Company		2	F
	1201 Hays Street		PH 4: 34	光学
	(P.O. Box NOT acceptable) Tallahassee, FL 32301		₩	all the
as changed will	ess of its registered office and the street be identical.	address of the business office of its registe	Ū	ent,
authorized by th	ne board, or the corporation has been no	by its board of directors or by an officer stified in writing of the change.	i0	
Mayor	re of m officer or director)	Kathy L. Yetter, Attorney in Fa	ct	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) d agree to act in this capacity, ttes relative to the proper and complete pe gation of my position as registered agent, e registered office address, I hereby confir	rforma Or, if m that	nce this the
Corporat	tion Service Company	November 21, 2008		
(Big	gnature of Registered Agent)	(Date)		_
If signing on be	half of an entity:			
	opet, Asst. VP			
(1)	'yped or Printed Name) * * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)