F030000004023

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





000132636780

07/14/08--01024--026 **35.00

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MORESTANDE STATE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Payformance Corporation (Name of Corpor	ration)
DOCUMENT NUMBER: F03000004023	
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing
Please return all correspondence concerning this matter to the	-
rease return an correspondence concerning this matter to the	ic tollowing.
Robert G. Booth	
(Name of Contact	Person)
Payformance Corporation (Firm/Compa	
(Film/Compa	119)
7751 Belfort Parkway, Suite 200	
(Address)	
Jacksonville, FL 32256-6933	
(City/State and Zip	o Code)
For further information concerning this matter, please call:	
Robert G. Booth	(904) 997-6777
(Name of Contact Person)	(904) 997-6777 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department	of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

TO:

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

. The	the corporation; Payformance Corp	poration
	•	vay, Suite 200, Jacksonville, FL 32256 -6933
3. The mailing a	address (if different): Same	
1. Date of incor	poration/qualification: 08/13/2003	B Document number: F03000004023
	d street address of the current regist rtment of State:	tered agent and registered office on file with the
	BOOTH, ROBERT G	
	10550 DEERWOOD PARI	K BLVD, STE 300
	JACKSONVILLE FL 32256	-2805 F
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office
	BOOTH, ROBERT G	
	7751 BELFORT PARKWA	XY, STE 200
	(P.O. Box NOT ac	·
	JACKSONVILLE FL 32256	
The street address changed will	ess of its registered office and the l be identical.	street address of the business office of its registered agent,
Such change would by the	as authorized by resolution duly a he boar d, or the obroporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
(Signati	ure of an officer or director)	David W. Mayer, Secretary (Printed or typed name and title)
hereby accept further agree of my duties, ar locument is be corporation ha	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this co	ent and agree to act in this capacity. Ill statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
Leli	4G. Fulls	July 8, 2008
(Si	gnature of Registered Agent)	(Date)
f signing on be	ehalf of an entity:	

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