## F0300000427

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Coracted Date al Qualification from 8/25 to 8/25 to Match Oan records.

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## TRANSMITTAL LETTER

F-12.5 .

TO:	Amendment Section Division of Corporations
SUB	JECT: Courier Control Center
	(Name of corporation)
DOC	CUMENT NUMBER: F03000004275
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Pau	l H. Shaphren
	(Name of person)
Calli	ster Nebeker & McCullough
	(Name of firm/company)
10 E	. South Temple, Suite 900
	(Address)
Salt	Lake City, UT 84133
	(City/state and zip code)
For fi	urther information concerning this matter, please call:
Paul	H. Shaphren at (801) 530-7411  (Name of person) (Area code & daytime telephone number)
Enclo	osed is a \$35.00 check made payable to the Department of State.
Amer Divis P.O. I	Ing Address: Indment Section Ion of Corporations Box 6327 Index Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Index Street Tallahassee, FL 32399

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
	of change is submitted for a corporation organized under the laws of the State of	
	in order to change its registered office or registered agent, or both, in the State	
of Florida.		
1. The name of	the corporation: Courier Central Corp.	-
2. The principa	l office address: 4770 S. 900 East, #200	<u> </u>
	Salt Lake City, UT 84117	_
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification:08/25/03 Document number:n03000004275	_
5. The name ar	ad street address of the current registered agent and registered office on file with the artment of State:	
	Spectrum Collection Services	
	7967 W. McNab Rd.	
	Tamarac, FL 33324	 
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if	
· ,		
	11300 N.W. 39th Street. #E  (P.O. Box or personal mailbox NOT acceptable)	PH 12: 22
		~
The street addragent, as change	ress of its registered office and the street address of the business office of its registered ged will be identical.	
Such change was	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	}
(Signature of an office	CHARMEN (Plinted or typed name and title)	,
registered age office address,	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as interest of this document is being filed merely to reflect a change in the registered. I hereby confirm that the corporation has been notified in writing of this change.	
If signing on beh	(Signature of Registered Agent) (Date) alf of an entity:	
u. O		
	(Typed or rrinted Name) (Capacity)	

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