Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088

(800) 221-0102

Fax Number (212) 564-6083

REGISTERED AGENT CHANGE

INDEPENDENT PROFESSIONAL SERVICES SOUTH INC.

Certificate of Status	0
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Corporate Filing

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH FOR

CORPORATIONS 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 New Jersey in order
to change its registered affice or registered agent, or both, in the State of Florida.
1. The name of the corporation:
Independent Professional Services (acting in FL as Inspendent Professional Services South Inc.)
2. The principal office address:
121 Friends Lane, Suite #302, Newtown, PA 18940
3. The mailing address (if different):
4. Date of incorporation/qualification: 11-3-1997 Document number: F03000006250
5. The name and street address of the current registered agent and registered office on file with the Fiorida Department of State:
Corporate Service Company
1201 Hays Street
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
National Corporate Research, Ltd., Inc. 면역 구
103 N. Meridian Street RPA STATE OF STA
(F.O. Rox or personal multibox NOT acceptable)
Tallahassee Florida 32301
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.
Michaelino Connor President (Signature of an outcom) (Printed or Speed 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.
6/2/04
(Signature of Regulared Agent)
If signing on behalf of an entity:
Karen McKeown Assistant Secretary
(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314