F05000005129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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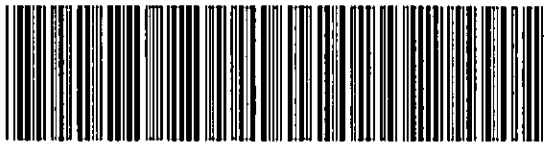

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Probation Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F05000005129

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:

Thomas York, Esq.
Name of Contact Person

Professional Probation Services, Inc.
Firm/Company

1770 Indian Trail Road, Suite 350
Address

Norcross, GA 30093
City/State and Zip Code

tyork@ppsinfo.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas York at (678) 218-4100
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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 Georgia *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Professional Probation Services, Inc.

2. The principal office address: 1770 Indian Trail Road, Suite 350, Norcross, GA 30093

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 9/1/2005 Document number: F05000005129

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)

John Clayton Cox

3554 Ocean Drive, #801N

Vero Beach, FL 32963

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

Glenny Cueto

1280 N. Congress Avenue, Suite 210

P.O. Box NOT acceptable

West Palm Beach, FL 33409

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 — John Cox, 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 — 9/20/21 Date

If signing on behalf of an entity:

Glenny Cueto

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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