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(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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MAY 27 2014

MAI & ' ZUIT

R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Bureaus, Ir	
DOCUMENT NUMBER: F0700000	(Name of Corporation)
The enclosed Resolution of the Board of De fee are submitted for filing.	irectors to Withdraw the Alternate name for use in Florida and
Please return all correspondence concerning	this matter to the following:
Aristotle Sangalang (Name of Contact Person)	
The Bureaus, Inc.	
(Firm/Company)	
650 Dundee Road, Suite	e 370
(Address)	
Northbrook, IL 60062	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Janet Lopez	at (888) 315-0805 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Flo	rida Department of State for the following amount:
\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ORION STATE LICENSING, INC.

May 12, 2014

VIA FEDEX COURIER DELIVERY

Attn: Registration Section/Corporations Division Florida Dept. of State 2661 W. Executive Center Circle Tallahassee, FL 32301 (850) 245-6051

> Re: DOCTORS SERVICE BUREAU, INC. LEGAL NAME: THE BUREAUS, INC. File No. F07000001763

> > Request for Withdrawal of Alternate Name

Dear Sir or Madam:

Enclosed please find the following items on behalf of the above-referenced entity:

- 1. ORIGINAL Signed Letter requesting the withdrawal of the Alternate Name of Doctors Service Bureau, Inc. and acknowledging the existence of another entity with a similar name
- 2. ORIGINAL Resolution of the Board to Withdraw the Alternate Name for Use in Florida Form
- 3. Company check in the amount of \$35.00 for the filing fee

Thank you for your assistance in this matter. Please advise it you need anything further in order to process this request. Please do not hesitate to contact me at (888) 315-0805 or via email <u>janet@orionlicensing.com</u> if you have any questions.

Very truly yours,

ORION STATE LICENSING, INC.

Janet J. Lopez

CEO

Enclosure JJL:cp05122014



650 Dundee Road Suite 370 Northbrook: IL 60062

May 9, 2014

VIA OVERNIGHT DELIVERY

Florida Dept. of State Registration Section Division of Corporations 2661 Executive Circle Tallahassee, FL 32301

RE: Withdrawal of Alternate Name of "Doctors Service Bureau, Inc

Dear Sir or Madam:

We respectfully request the immediate withdrawal of the Alternate Name of "Doctors Service Bureau,

We request that the legal name, "The Bureaus, Inc." be filed effective immediately. We are aware that another entity in the name of The Bureau, Inc." is doing business in Florida.

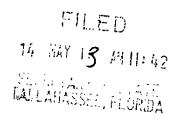
Please confirm receipt of this request and contact my office immediately at 847-328-4300 if you have any questions:

Sincerely,

Aristotle Sangalang

President





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Aristotle Sangalang		_, do hereby certify
(Name)		
that this Resolution of the Board of Directors of		
The Bureaus, Inc.		
(Name of Corporat	ion)	
a corporation duly organized and existing under the laws of	Illinois	,
	(State or Countr	y)
was adopted on 03/29/2007		withdrawing the alternate
Doctors Service Bureau, Inc.		
(Current Alternat		
in Florida as its real name is available in Florida.		
Date:		
	President	
Signature of Chairman, Vice Chairman of the Board, a director or any officer	Title of	person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314