F07000003904

(Re	equestor's Name)	
, (Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
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DEATH THE STATE DIVISION OF STATE TAULTHANSEF, FLORIDA

RECEIVED

11 NOV 17 AM 10: 43

NOV 17 PH 2:

11/11/11



ACCOUNT NO. : 12000000195

REFERENCE: 982387

7840652

AUTHORIZATION :

There was

COST LIMIT : \$ 35.00

ORDER DATE: November 16, 2011

ORDER TIME : 9:36 AM

ORDER NO. : 982337-065

CUSTOMER NO: 7840652

CHANGE OF AGENT

NAME: MODULAR MAILING SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Delaware is registered office or registered agent, or both, in the State of Florida.
	the corporation: MODULAR MAILING SYSTEMS, INC.
 The name of t The principal 	office address: 4913 W. Laurel Street, Tampa, FL 33607
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 08/02/2007 Document number: F07000003904
	street address of the current registered agent and registered office on file with the trnent of State:
	NRAI Services, Inc.
	515 E Park Avenue
	Tallahassee Fl 32301
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassce, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change. Maureen Cathell
(Signatu	re of an officer or director) (Printed or typed name and title)
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By: Corporation	on Service Company
	(Date)
If signing on be	half of an entity:
Sylvia Queppo	
1')	'yped or Printed Name)
	* * * FILING FEE: \$35.00 * * *