

F09 0000 3639

(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:

Office Use Only



200163440442

04/26/10--01028--024 **35.00

FILED
10 APR 26 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rfch9
RCG
4/27



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

April 20, 2010

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: O'Brien's Response Management Inc.
Our order # PS/CS-10-0110

Dear Sir/Madam:

I now enclose the required form to change the agent on behalf of the above named company in your state.

We also enclose check in payment of your fees.

Please file the enclosed as soon as possible, returning evidence to the undersigned.

If for any reason filing(s) cannot be completed, please let me know by calling our toll free number 877-261-6823 x 1759.

Best regards,


Peter F. Souza
Vice President/Senior Corporate Specialist

REC'D

2010 APR 26 AM 6:00

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: O'BRIEN'S RESPONSE MANAGEMENT INC.
(Name of Corporation)

DOCUMENT NUMBER: F09000003639

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:

PETER F. SOUZA

(Name of Contact Person)

NRAI SERVICES, INC.

(Firm/Company)

2731 EXECUTIVE PARK DRIVE, SUITE 4

(Address)

WESTON, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER F. SOUZA

(Name of Contact Person)

at (877)

261-6823 X 1759

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: O'BRIEN'S RESPONSE MANAGEMENT INC.
2. The principal office address: 2929 E. IMPERIAL HWY, SUITE 290, BREA, CA 92821
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/08/2009 Document number: F09000003639
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GARY STANKOVICH

555 WINDERLEY PL., STE 220

MAITLAND, FL 32751

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

NRAI Services, Inc.

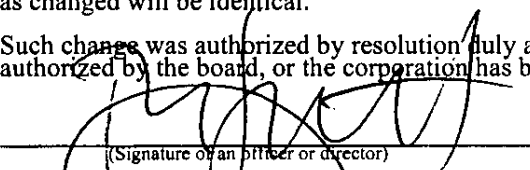
2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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)

Tony Smith, Assistant Secretary

(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)

4/20/2010
(Date)

If signing on behalf of an entity:

Peter F. Souza, Assistant Secretary

(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
CR2E045 (8/05)

FILED
10 APR 26 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA