

F110000002719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Profit Planners Management, Inc.  
Name of Corporation

DOCUMENT NUMBER: FI1000002719

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:

Sarah Rayburn  
Name of Contact Person

VCORP SERVICES, LLC  
Firm/Company

25 Robert Pitt Dr Ste 204  
Address

Monsey NY 10952  
City/State and Zip Code

Sarah@vcorp services.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Rayburn at 845, 517, 3905  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2014

SARAH RAYBURN  
VCORP SERVICES, LLC  
25 ROBERT PITT DR., STE. 204  
MONSEY, NY 10952

SUBJECT: PROFIT PLANNERS MANAGEMENT, INC.  
Ref. Number: F11000002719

We have received your document for PROFIT PLANNERS MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 114A00016115

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

1. The name of the corporation: PROFIT PLANNERS MANAGEMENT, INC.
2. The principal office address: 16201 SW 95th Avenue Suite #104, Miami, FL 33157-3459
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/05/2011 Document number: F11000002719

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)

MARSLIN, RAYMOND

8201 PETERS ROAD SUITE 1000

PLANTATION, FL 33324

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

Vcorp Services, LLC

5011 South State Road 7, Suite 106

P.O. Box NOT acceptable

Davie, FL 33314

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.

Wesley Ramjeet  
Signature of an officer or director

Wesley Ramjeet, CDPT  
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.

Sarah Rayburn  
Signature of Registered Agent

07/3/2014

Date

If signing on behalf of an entity:

Sarah Rayburn, Vcorp Services, LLC  
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 (03/12)