

F99 000002455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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RO Change

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Payroll Management Inc. of Delaware  
(Name of corporation)

DOCUMENT NUMBER: E990000002455

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:

Marion E. Brooks  
(Name of person)

Payroll Management Inc. of Delaware  
(Name of firm/company)

127 Miracle Strip Pkwy SW Suite 117  
(Address)

Ft. Walton Beach, FL 32548  
(City/state and zip code)

For further information concerning this matter, please call:

Marion E. Brooks at ( 850 ) 243-5604  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Payroll Management Inc. of Delaware  
2. The principal office address: 127 Miracle Strip Pkwy Suite N7  
Ft. Walton Beach, FL 32548  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/12/1999 Document number: F99000002455  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Arden J. Lea  
102 A miracle Strip Pkwy SW  
Ft. Walton Beach, FL 32548

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

Arden J. Lea  
The Plaza Suite 209 4507 Furling Ln.  
(P.O. Box or personal mailbox NOT acceptable)  
Destin, FL 32541

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.

Arden J. Lea  
(Signature of an officer or director)

Janice Foster Brooks  
(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.

Arden J. Lea  
(Signature of Registered Agent)

4/30/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* 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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