

H513613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

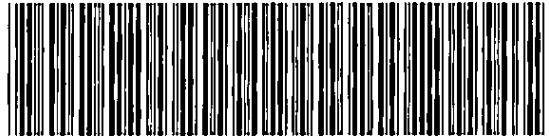
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUL 18 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CLERK OF SUPERIOR COURT
DIVISION OF OPERATIONS
TALLAHASSEE, FLORIDA

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JUL 19 2018

I ALBRITTON

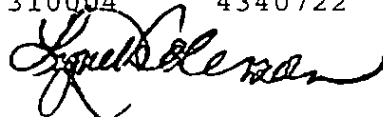
4

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 310004 4340722

AUTHORIZATION :



COST LIMIT : \$ 35.00

ORDER DATE : July 18, 2018

ORDER TIME : 2:59 PM

ORDER NO. : 310004-005

CUSTOMER NO: 4340722

CHANGE OF AGENT

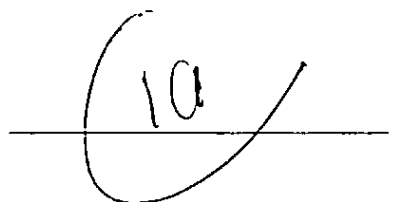
NAME: SERVICE OPTIMIZATION
SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SERVICE OPTIMIZATION SOLUTIONS, INC.

Name of Corporation

DOCUMENT NUMBER: H51363

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:

ROSARIO RIVERA-COLON

Name of Contact Person

ASSURANT, INC.

Firm/Company

11222 QUAIL ROOST DRIVE

Address

MIAMI, FL 33157

City/State and Zip Code

rosario.rivera-colon@assurant.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSARIO RIVERA-COLON

Name of Contact Person

305

at ()

253-2244 x4033195

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, 607.0502, 607.1508, or 607.1508, 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: SERVICE OPTIMIZATION SOLUTIONS, INC.
2. The principal office address: 11222 QUAIL ROOST DRIVE - 2ND FLOOR
MIAMI, FLORIDA 33157
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/9/1985 Document number: H51363
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)

PETERS, THOMAS

11222 QUAIL ROOST DRIVE

MIAMI

FL 33157

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

Corporation Service Company

1201 Hays Street

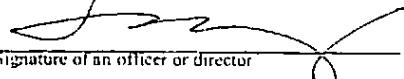
P.O. Box NOT acceptable

Tallahassee

FL 32301

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

JEANNIE ARAGON-CRUZ, 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.

Corporation Service Company

By: _____

Signature of Registered Agent

_____ Date

If signing on behalf of an entity:

Tina Qualls

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)

FILED
2018 JUL 18 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA