J 73545

(Requestor's Name)						
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. (City/State/Zip/Phone #)						
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07-11-2012

NAME: SOUTHERN SERVICE CORPORATION

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$35

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL/HODGE

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

statement of cha	provisions of sections 607.0 inge is submitted for a corpo r to change its registered o <u>f</u>	oration organized	under the laws of the	State ofF	<u>iorida</u>	
1. The name of	the corporation:	SOUTHERN	SERVICE C	ORPORA	TION	
• •	office address: W 77th Court, Suit	te #100	Miami Lakes	FL	33016	
_	address (if different): IW 77th Court, Suit	e #100	Miami Lakes	FL	33016	
4. Date of incorporation/qualification: May 7, 1987 Document number:					J73545	
	i street address of the currer rtment of State: (If resigned, Ball			on file with th	e	
	14750 NW 77th Court, Suite #100					
	Miami	Lakes, FŁ	33016	j	Sec 5	
6. The name and (if changed):	i street address of the new r				METARY OF	
	155 Office Plaza		on, Eta., mo.		T SIA	
	Tallahassee, FL	P.O. Box NOT soco	nable		57 1	
The street address changed will	ess of its registered office a be identical.	nd the street add	ess of the business o	ffice of its regi	istered agent,	
Such change was authorized by the State	as authorized by resolution ne board, or the corporation Ballaud are of an officer or director	duly adopted by has been notifie	its board of directors d in writing of the ch BRUCE BASE Fruid or typed	LAND - CA	er so	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registe to comply with the provisio my duties, and I am familic is document is being filed n that the corporation has be	red agent and ag ns of all statutes ir with and accep nerely to reflect a en notified in wr	ree to act in this cape relative to the proper of the obligation of m ochange in the regist iting of this change.	acity. r and complete y position as r ered office add	egistered iress, I	
	0		7/11/201	2		
. (/ -	nature of Registered Agent half of an entity:		Date		_	

Lucy Dawson, Assistant Secretary
Typed or Printed Name

ica Name

* * * FILING FEE: \$35.00 * * *