

J95893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

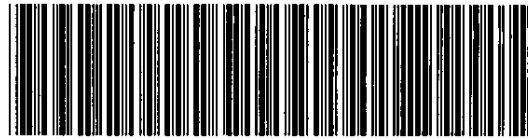
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MANAGEMENT PAYROLL SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: J95893

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:

Charisse A. Henderson

Name of Contact Person

Summit Hotel Management Co.

Firm/Company

P O Box 33547

Address

Indialantic, FL 32903

City/State and Zip Code

summitmgt@cfl.rr.com

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

For further information concerning this matter, please call:

Charisse A. Henderson

Name of Contact Person

at (321) 725-7500

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

1. The name of the corporation: MANAGEMENT PAYROLL SERVICES, INC.
2. The principal office address: 122 Fourth Ave., #101
Indialantic, FL 32903
3. The mailing address (if different): P O Box 33547
Indialantic, FL 32903
4. Date of incorporation/qualification: 10-5-1987 Document number: J95893
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)

Lauren B. Koonin

122 Fourth Ave., #101

Indialantic, FL 32903

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

Charisse A. Henderson

122 Fourth Ave., #101

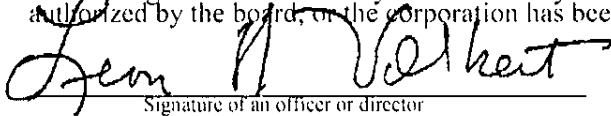
P.O. Box NOT acceptable

Indialantic, FL 32903

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

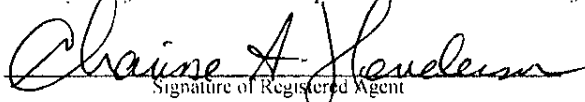
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Leon H. Volkert, Pres.

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

10-10-12

Date

If signing on behalf of an entity:

Charisse A. Henderson

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