## x37380

Requester's Name

## PrinePay Your Payroll Services Solution 9 ®

5440 BEAUMONT CENTER BLVD. SUITE 445 TAMPA FI 33634 Office Use Only

Examiner's Initials

| IAMPA, FL 33634                  | Office Ose Only  |
|----------------------------------|--|
| CO                               | MBER(S), (if known):   |
| 1                                | the state of the s |
| (Corporation Name)               | (Document #)   |
| 2. (Corporation Name)            | (Document #) 500004527426-7  |
| 3.                               | -08/09/0101072009<br>****245.00 *****35.00   |
| (Corporation Name)               | (Document #)   |
| 4(Corporation Name)              | (Document #)   |
| Walk in Pick up time             |  |
| ☐ Mail out ☐ Will wait           | Photocopy  |
| NEW FILINGS                      | AMENDMENTS   |
| Profit                           | Amendment  |
| Not for Profit Limited Liability | Resignation of R.A., Officer/Director Change of Registered Agent   |
| Domestication Other              | Dissolution/Withdrawal  Merger   |
| OTHER FILINGS                    | REGISTRATION/QUALIFICATION   |
| Annual Report Fictitious Name    | Foreign Limited Partnership Reinstatement  |
|                                  | Trademark Other  |
|                                  | V SHEPARD AUG 2 0 2001   |

## 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 the undersigned corporation organized under the laws of the State of Figure 10A   |
|--|
| submits the following statement in order to change its registered office or registered agent, or both, is  |
| the State of Florida.  |
| 1. The name of the corporation: PRIME AY OF FORUM, INC.  |
|  |
| 2. The mailing address of the corporation: 5440 BEAUMONT CENTER BLVD   |
| SURE 445 TAMPA, FC 33634   |
| 3. Date of incorporation/qualification: 10-7-1988 Document number: <u>K37380</u>   |
| 4. The name and address of the current registered agent and office:  |
| JAMES E. HOHULER   |
| 5440 BEROMONY CONTEX BUD STE 445   |
| TAMBA, FC 38634  |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)  |
| Sherce R. Brye<br>5440 BLAUMONT CENTER BIVAL #445  |
| 5440 BLAUMONT CENTER BIVAL #445  |
| TAMPA PL 33634   |
| 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  |
| (Signature of an officer/chairman or vice chairman of the board))  (Date)  |
| Joseph L. CARNEY EVENTUR Vice President (Printed or typed name and title)  |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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. |
| Shue R. Bryc 7/30/01   |
| (Signature of Registered Agent) (Date)   |
| If signing on behalf of an entity:   |
| (Typed or Printed Name) (Capacity)   |
| * * * FILING FEE: \$35.00 * * *  |
| CR2E045(9/06)  |

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314