LO7000025782

		·
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
`	,	
(Cit	y/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:

INHS18 (8/05)

TO: Registration Section Division of Corporations				F
SUBJECT: PROFESSIONAL BUSINESS (Name of Lin		RCES OF ORLANDO	O, L.L.C.	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning th	nis matter to	the following:	·	
JOHN A. RZEPIENNIK (Name of Person)		_	2008 SECF TALLA	
PROFESSIONAL BUSINESS RESOUF (Firm/Company)	RCES OF	ORLANDO L.L.C.	2008 MAR 20 P 12: SECRETARY OF STA	T I TO
3113 FLORALWAE EAST			2: 15 ATE IRIDA	-
(Address)			١٥ حز	
APOPKA, FLORIDA 32703				
(City/State and Zip Code)				
For further information concerning this matter	r, please cal	l:		
JOHN A. RZEPIENNIK	at (407) 869-8664		
(Name of Person)		(Area Code & Daytim	e Telephone Nu	mber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314		
Enclosed is a check for the following	amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company is: _	PROFESSIONAL BUSINESS	RESOURCES OF C	ORLANDO L.L.C	
2. The mailing address of	of the limited liability com	pany is: 3113 FLORAL V	VAY EAST		
APOPKA, FLORIDA 3270	3				
3/17/2008		L0700002578	2		
3. Date of filing/registra	tion in Florida		4. Document number		
5. The name of the regist Florida Department of	ered agent and the registe State:	red office address as sho	wn on the record	ls of the	
•	THE COMPANY CO	RPORATION			
]	Vame	_		
•	2711 CENTERVILLE F			•	
•		ddress	ZE SE		
	WILMINGTON, DE. 19		2008 SECF		
	City, S	ate and Zip	MAR RETA AHAS		
6. The name and address	of the new registered age	nt and/or office:	1 20 ARY SSEE		
	JOHN A. RZEPIENNII	(
	Na 3113 FLORAL WAY EA	ime ST	STAT LORI	O	
	Florida street address (P.O. Box NOT acceptab	le) A S		
	АРОРКА,	FL 32703	· .	• •	
	City, Sta	te and Zip			
confirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement.	npany is not organized unhange or changes are made the registered agent will breby confirmed that the conited liability company or pt of the limited liability of the limited liability of the limited liability of the limited liability of the limited fepresentative of a member)	der the laws of the State le, the Florida street addr be identical. Or, in the change(s) was/were author as otherwise provided incompany.	of Florida, it is hess of the registerate of a Florida rized by an affirm the articles of c	nereby bred office limited mative vote organization	
(Signature of a memoer of addition	risca representative of a member)				
JOHN A. RZEPIENNIK		·			
(Printed or typed name of signee	•				
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm form O. (Signalufe of Registered Agent)	intment as registered age ns of all statutes relative t nd accept the obligations of this document is being file that the limited liability of TLOLONNIE	nt and agree to act in thi o the proper and comple of my position as register ed to merely reflect a cha company has been notifie	s capacity. I fur le performance o ed agent as prov inge in the regist ed in writing of th	ther agree to of my duties, vided for in ered office his change.	
Y - (/	on of Corporations, P.O.	Box 6327, Tallahassee.	FL 32314		

FILING FEE: \$25.00

INHS18 (8/05)