

L07821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

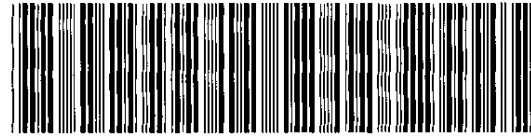
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOE  
8/10/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Payroll Management, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** L07821

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:

D.C. Mickle  
Name of Contact Person

PMI Employee Leasing  
Firm/Company

127 Miracle Strip Pkwy # N7  
Address

Ft. Walton Beach FL 32548  
City/State and Zip Code

dc@ohgetreal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D.C. Mickle at 850, 243-5604  
Name of Contact Person 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: Payroll Management, Inc.  
2. The principal office address: 127 MIRACLE STRIP PKWY.  
SUITE 147 FT WALTON BEACH FL  
32548  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 8-9-1989 Document number: LC7821

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)

Mead Michael W  
24 Walter. MARTIN R.D. STE  
FT. WALTON BEACH, FL 3254

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

Cadenhead, Chris, P.A.  
543 HARBOR BLVD #202  
P.O. Box NOT acceptable  
DESTIN, FL 32541

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.

DC Mickle  
Signature of an officer or director

DC Mickle  
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.

Chris Cadenhead  
Signature of Registered Agent

8-5-10  
Date

If signing on behalf of an entity:

Chris Cadenhead  
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  
CR2E:045 (8/05)