of Corporations Electronic Filing Cover Sheet

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(((H10000257178 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

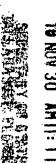
Ema	i.1	Address:

REGISTERED AGENT CHANGE XYZ-PBT TAXI, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35,00

Electronic Filing Menu Corporate Filing Menu

Help





COVER LETTER

TO:	Amendment Se Division of Cor						
SUBJ	ECT:	XYZ-PBT TAX	KI, INC.				
		Name of C	Corporation				
DOC	UMENT NUMBI	E R :	M26278				
The ea	nclosed Statement	of Change of Registered Offic	ce/Agent and fee are submitted for filing.				
Please	return all corresp	oondense concerning this matte	or to the following:				
	_	Name of Co	ontact Person				
		Різтп/С	ompany				
		Add	iress				
	City/State and Zip Code						
	E-m	nail address: (to be used for	future annual report notification)				
For fu	orther information	concerning this matter, please	call:				
	Name of	f Contact Person	at () Area Code & Daytime Telephone Number				
Enclo	sed is a \$35,00 ch	eck made payable to the Depar	rimeni of State.				
		Mailing Address: Amendment Section	Street Address: Amendment Section				
		Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
		Tallahassee, FL 32314	2661 Executive Center Circle Talluhassee, FL 32301				

CR2E045 (8/05)

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

statement of chi	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Florida Su d under the laws of the State of Fl d agent, or both, in the State of Flo	orida
	the corporation: XYZ-PE			
	office address: 160 S, R		ARAMUS NJ 07652 US	
3. The mailing a	address (if different):			
4. Date of incom	poration/qualification:	01/23/1986	Document number:	M26278
5. The name and Florida Depar	d street address of the curriment of State: (If resign	nent registered agen and, enter resigned)	t and registered office on file with	ปกe
	CORPORATION SERV	ICE COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE FL 32	301 US		
 The name and (if changed): 	d street address of the nev	w registered agent (i	f changed) and for registered office	
	C T Corporation System			
	c/o C T Corporation Syst	em, 1200 South Pine	: Island Road	
		P.O. Box NOT so		
	Plantation, Florida 33324	!	· · · · · · · · · · · · · · · · · · ·	
The street address changed will	ess of its registered offic be identical.	e and the street add	tress of the business office of its r	egistered agont,
Such change was authorized by th	as authorized by resoluti ne board, or the corporat	ion duly adopted by tion has been notifi	y its board of directors or by an of ed in writing of the change.	ficer so
Her	There all	4 de- 1	Stephanle Allison, VP	•
- 1	re of an of liger or director		Printed or types name; and title	
i hereby accept I further upree to of my duties, and document is bet corporation has	the appointment as regi to comply with the provi id I am familiar with and ing filed merely to reflect to been notified in writing	istèred agent and a islons of all statute d'accept the obtiga it a change in the ri g of this change.	gree to act in this capacity. S relative to the proper and compi tion of my position as registered o egistered office address, I hereby	ete performance veent. Or if this Confirm that the
By SOUTH	Composition System		11/23/2010	
f signing on be	white of Registered Agent shalf of an entity:		Date	
	Nickell			
	Secretary .		535 M + + +	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FLOOR - 07/25/2009 CT System Online

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