M18926

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

Division of Corporations
SUBJECT: Unipsych Corp. (Name of Corporation)
DOCUMENT NUMBER: M78926
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:
Name of Contact Person)
MHWe+ (Firm/Company)
P.O. Box 209010 (Address)
Austin, TX 78720 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen Bush at (512) 347-7900 (Area Code & Daytime Telephone Number
England in a \$25.00 deal, and a south to the December of State

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

statement of chang	ge is submitted for a corporation organized under the laws of the State of Florida Statutes, this
in order i	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	
2. The principal of	ffice address: 9606 N. Morac Expressway, Suite 600 Austin TX 78759
3. The mailing add	dress (if different): P.O. Box 209010
	Austin, TX 78720
4. Date of incorpo	ration/qualification: 4/25/88 Document number: M78926
5. The name and s Florida Departn	treet address of the current registered agent and registered office on file with the nent of State:
_	Leo C. Bradman
_	7777 Davie Rd Ext, Suite 100A
_	Hollywood, FL 33024
6. The name and so (if changed):	treet address of the new registered agent (if changed) and /or registered office
_	Susan Norris
	1211 State Road 436, Suite 355 (P.O. Box NOT acceptable)
_	(P.O. Box NOT acceptable)
_	Casselberry, FL 32707
The street address ss changed will be	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was uthorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Row	Robert Wilson TREASURER (Printed or typed name and title)
hereby accept th	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the een applified in writing of this change.
	12/4/0
(Signa	ture of Registered Agent) (Date)
f signing on beha	lf of an entity:
(Tvo	ed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *