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Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

AIS WEST PALM BEACH, INC.

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

statement of ci	e provisions of sections 607.0502, 617.0502 hange is submitted for a corporation organis der to change its registered office or register	zed under the laws of the State of Flori	da
	f the corporation: AIS West Palm Beach, Inc.	•	
	al office address: 125 South Franklin Street, C		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 8-30-88	Document number: M96582	
	nd street address of the current registered againment of State:	ent and registered office on file with th	e
	John J. Hemandez		T. 0
	6969 West 20th Avenue		DIF
	Hialenh, FL 33014	,	FEB 22 CRETAR LAHASS
6. The name an (if changed):	id street address of the new registered agent	(if changed) and /or registered office	EF. PH
	C T Corporation	n System	4: 22 STATE FLORIU
	c/o C T Corporation System, 120	00 South Pine Island Road	7EATE
	(P.O. Bex. NOT acceptable) Plantation, Florid	da 33324	
The street addi			eistered agent.
_	ress of its registered office and the street at I be identical.		
such change wanthorized by t	as authorized by resolution duly adopted the board, or the corporation has been noticed.	by its board of directors of by an old ifficiency in writing of the change.	CEF SO
ann	The of an officer of duraphor)	State un & Torres and true	relany
l hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statut nd I am familiar with and accept the oblig ing filed merely to reflect a change in the is been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complet ation of my position as registered ag registered office address, I hereby co	te performance ent. Or, if this onfirm that the
By: Sec	GT Corporation System	2-21-07	
	ignature of Registered Agent)	(Date)	
If signing on b	chalf of an entiry: Saran S. Ayala Assistant Secretary	,	
	Typed or Printed Name)		
	* * * Filing fer		
M CR2E045 (8/05)	Make Checks Payable to Flor Iail to: Division of Corporations, P.C	RIDA DEPARTMENT OF STATE). BOX 6327, TALLAHASSEE, FL 323	14
EL DOS . BRALACIDOS C. T.S.	otom Online		

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