

**N020000003089**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

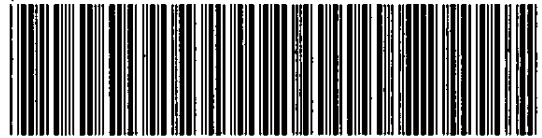
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2008 JUL -3 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Change*

**TB**

*7/8/08*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PATHWAYS SERVICES INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO2000003089

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID ALSTON  
(Name of Person)

PATHWAYS SERVICES INC.  
(Name of Firm/Company)

340 STERLING LK. DR.  
(Address)

OCOKEE, FL 34761  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID ALSTON at ( 321 ) 231-2659  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2008

DAVID ALSTON  
PATHWAY SERVICES, INC.  
340 STERLING LAKE DR  
OCOOEE, FL 34761

SUBJECT: PATHWAY SERVICES, INC.  
Ref. Number: N02000003089

We have received your document for PATHWAY SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as I have had no further communication with you since our phone call of April 2, 2008.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 608A00027864

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PATHWAYS SERVICES, INC.
2. The principal office address: 340 STERLING LK. DR. OCOEE, FL. 34761
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04-19-02 Document number: N02000003089
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FAY ALSTON  
340 STERLING LK. DR.  
OCOEE, FL. 34761

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

DAVID ALSTON  
340 STERLING LK. DR. 0  
(P.O. Box NOT acceptable)  
OCOEE, FL. 34761

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.

David Alston  
(Signature of an officer or director)

DAVID ALSTON DIRECTOR  
(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.

David Alston  
(Signature of Registered Agent)

3-17-08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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  
CR2E045 (8/05)

FILED  
2008 JUL -3 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA