

N09XXXX04 901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

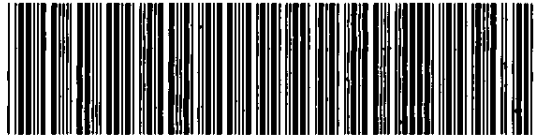
(Document Number)

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10/20/09



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2009 OCT 19 AM 11:00

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RR
C. Pong
GJ

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Polis Institute, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000004901

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:

Scott Adams
Name of Contact Person

Labar Adams
Firm/Company

1527 E. Concord St.
Address

Orlando, FL 32803
City/State and Zip Code

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

For further information concerning this matter, please call:

Philip Hissom at (407) 608-8311
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: Polis Institute, Inc.
2. The principal office address: 1527 E. Concord St. Orlando, FL 32803
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/18/09 Document number: N09000004901
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)

Labar Adams
112 E. Concord Street
Orlando, FL 32801

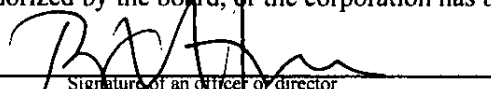
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Labar Adams
1527 E. Concord St.
P.O. Box NOT acceptable
Orlando, FL 32803

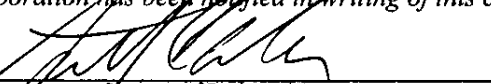
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Philip K Hissom, 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.


Signature of Registered Agent

10 / 16 / 09
Date

If signing on behalf of an entity:

Adams Scott C
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