

N116290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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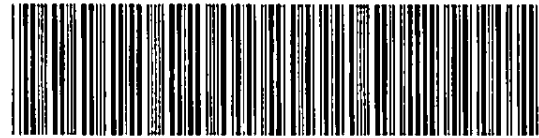
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA
TALLAHASSEE, FLORIDA

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SEP 29 2017

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA ASSOCIATION OF PROFESSIONAL EMPLOYER ORGANIZATIONS, INC.
Name of Corporation

DOCUMENT NUMBER: N16290

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:

Michael R. Miller
Name of Contact Person

Miller Tack & Madson
Firm/Company

3550 Buschwood Park Drive, Suite 135
Address

Tampa, FL 33618
City/State and Zip Code

mike@peolawyers.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael R. Miller at (813) 963-7736
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: FLORIDA ASSOCIATION OF PROFESSIONAL EMPLOYER ORGANIZATIONS, INC.
2. The principal office address: 1390 Timberlane Road, Tallahassee, FL 32312

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/08/1986 Document number: N16290

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)

Michael Miller

15438 N. Florida Avenue, Suite 202

Tampa, FL 33613

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

Michael R. Miller

3550 Buschwood Park Drive, Suite 135

Tampa, Florida 33618 (P.O. Box NOT acceptable)

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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.

Michael R. Miller

Signature of an officer or director

Michael R. Miller, Registered Agent

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.*

Michael R. Miller

Signature of Registered Agent

9/20/2017

Date

If signing on behalf of an entity:

Typed or Printed Name

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