

N98000003368

(Requestor's Name)

AAR Counseling Services
A NON-PROFIT ORGANIZATION
1061 Collier Center Way #6
Naples, Florida 34110

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

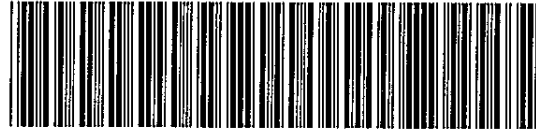
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900057755249

08/04/05--01004--007 **35.00

FILED
05 AUG -2 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*RACh /cy
8-2-05*

**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: A. A. R. SERVICES
2. The principal office address: 1061 Collier Center way #6
Naples, FL 34110
3. The mailing address (if different): 9943 Boca ave North
Naples, FL 34109
4. Date of incorporation/qualification: 6/11/98 Document number: N9800000 3368
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Christopher Seaway
1061 Collier Center way
Suite 6 Naples, FL 34110

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

Robert D. FINER JR.
9943 Boca ave North
(P.O. Box NOT acceptable)
Naples, FL 34109

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] Theresa M. Finer
(Signature of an officer or 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] 7/22/05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Robert D. Finer JR.
(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

FILED
05 AUG -2 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA