

P00000005474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts DEC 07 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2007

JENNIFER TURNER
STENOMAX, INC.
3986 BLVD CENTER DR BLDG. 1200 STE 200
JACKSONVILLE, FL 32207

SUBJECT: STENOMAX, INC.
Ref. Number: P00000005474

We have received your document for STENOMAX, 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):

The new registered agent must sign form below as the registered agent accepting appointment. (Jennifer L. Turner must sign, not Kathy T. Archer).

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 507A00066384

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: StenoMax Inc.
(Name of Corporation)

DOCUMENT NUMBER: P0000000547

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:

Jennifer Turner
(Name of Contact Person)

StenoMax Inc
(Firm/Company)

3986 Blvd Center Dr. Bldg. 1200 Ste. 200
(Address)

Jacksonville, Florida 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer L Turner at (859) 948-4016
(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: StereoMax, Inc.
2. The principal office address: 3986 Blvd. Center Drive Bldg. 1200 St. 200
Jacksonville, FL 32207
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/10/02 Document number: PO000005474
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kathy T Archer
5000 River Point Road
Jacksonville, FL 32207

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

Jennifer L Turner
7885 Valley View Trail
(P.O. Box NOT acceptable)
Macedonia, FL 32063

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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.

Jennifer L Turner
(Signature of an officer or director)

Jennifer L Turner
(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.

Jennifer L Turner
Kathy T Archer
(Signature of Registered Agent)

11/15/07
(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