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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



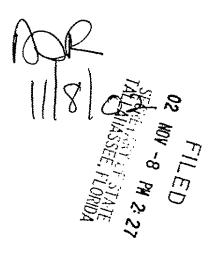
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ACCESS, INC. P.O. B	. 236 East 6th 30x 37066 (32315-7066)	Avenue . Tallahassee, Fl ~ (850) 222-2666 or		k (850) 222-1666
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CERTIFIED COPY		cus		
/ рното сору		FILING ('hange	ofPA
(CORPORATE NAME & DOCUMENT#)	ialists,:	Inc.		
(CORPORATE NAME & DOCUMENT #)		<u>⇒</u>		
CORPORATE NAME & DOCUMENT #)				
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(CORPORATE NAME & DOCUMENT #)				
CIAL INSTRUCTIONS				

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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: Alltech Specialists, Inc.
2. The mailing address of the corporation is: 6406 East Fowler Street, Suite D,
Temple Terrace, Florida 33617
3/14/2000 Document number: P00000025920
4. The name and address of the current registered agent and office:
Spiegel & Utrera, P.A.
343 Almeria Avenue
Coral Gables, Florida 33134
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporate Access, Inc.
236 E. 6th Avenue
Tallahassee, Florida 32303
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Victor J. ADAMS C.E.O.
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated
corporation, 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
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Ory BENNETT Pres (Typed or Frinted Name) (Capacity)
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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