P00000077617

Butler & Associates

LAW & GOVERNMENT RELATIONS

POST OFFICE BOX 839 TALLAHASSEE, FLORIDA 32302-0839

City/State/Zip

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	TASE O
(Corporation Name)	(Document #) CRE APP AND
(Corporation Name)	(Document #) FOR THE ST
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
□ Walk in □ Pick up time □ Mail out □ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

State of _	Florida		submits the following statement in ord	er
to change t	he registered of	fice in Florida.		
1. The nar	ne of the corpor	ration: Ind	lustrial Rehabilitation Consultants	i, Inc.
2. The stre	eet address of th	ne current registered office	ce:	<u> </u>
		310 East Colleg	ge Avenue	
		Tallahassee, Fl	Lorida 32301	01 AP
3. The stre	eet address of th	ne new registered office:	ASSEE	R 20 AM
		2708 O'Hara Cou	irt C	9:5
		Tallahassee, Fl	Lorida 32308 57	7TF 36
-		notified in writing of this	_	
The street agent, as c	address of the r hanged, will be	egistered office and the s identical.	street address of the business office of the regis	stered
Date:	April 18.	2001	-	
6	MABE		Neil H. Butler	
/k:	Signature of Reg	istered Agent)	(Printed or Typed Nam	e)
1		Filing	g Fee: \$35.00	

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314