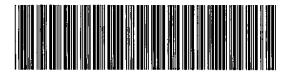
P01000023443

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number) , ·	
Certified Copies	Certificates o	of Status
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Special Instructions to	Eiling Officer:	
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O7 JUN 20 PM 2: 17
SECRETARY OF STATE
TALL AHASSEE, FLORIO

DEPARTMENT OF STATE
VISION OF CORPORATION
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ECEIVED

R.A. Charge

C. Coulliette JUN 2 0 2007

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Regulatory Compliance Services In		
(Name of Corp.	oration)	
DOCUMENT NUMBER: P01000023443		
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Warren Husband		
(Name of Contact	t Person)	
Metz, Husband & Daughton, P.A.		
(Firm/Comp	any)	
P.O. Box 10909		
(Address)	
Tallahassee, FL 32302		
(City/State and Z	ip Code)	
For further information concerning this matter, please call:		
	0.0.4074	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
(Table of Condit Person)	(rica code a Baytime relephone reamon)	
Enclosed is a \$35.00 check made payable to the Departmer	nt of State.	
• • • • • • • • • • • • • • • • • • • •		
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

TO:

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: Regulatory Compliance Services Inc.	
2. The principal office address: 230 S. Adams St., Tallahassee, FL 32301	
3. The mailing address (if different): P.O. Box 1779, Tallahassee, FL 32302	
4. Date of incorporation/qualification: 03/06/2001 Document number: P01000023443	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
James A. Greer	
848 Executive Drive, Suite 100	
Oviedo, FL 32765	, 9
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Carol B. Dover	JUNICO
Carol B. Dover	< ⊋ :
230 S. Adams St	us 1
(P.O. Box NOT acceptable) Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.	i,
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 of an officer or director) Carol B. Dover C. E. O. (Printed or typed name and fittle)	
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 performanc of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if th document is being filed merely to reflect a change in the registered office address, I hereby confirm that th copporation has been notified in writing of this change.	e is e
Coral Signature of Registered Agent) 6 19 07 (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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