P01000047162

Requester's Name

P.O.BOX 24668

Tocksonwille, FL 32241

Office Use Only

**Examiner's Initials** 

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

CR2E031(7/97)

1	
(Corporation Name)	(Document #)
2.	<b>5000046875653</b> -11/1 <del>9/01010</del> 60022
(Corporation Name)	(Document #) *******35.00 ******35.80
2	
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 28, 2001

MERIDETH ALLEN HERNANDEZ P.O. BOX 24668 JACKSONVILLE, FL 32241

SUBJECT: PROCESSING SYSTEMS, INC.

Ref. Number: P01000047162

We have received your document for PROCESSING SYSTEMS, 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):

A post office box is not an acceptable address for the registered agent.

The document must also contain the address of the registered agent which must be at a Florida street address.

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) 245-6957.

Doug Spitler Document Specialist

Letter Number: 001A00063088

SION OF CORNELS

Excuse the mistake. Thank you.

## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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 FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: 1b. The mailing address of the corporation is: 101000047162 1c. Date of incorporation:\_ Document number: The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) The street address of its registered office and the street address of the bus 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) INGELA (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, Thereby 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. hature of Registered Agent) If signing on behalf of an entity:

Division of Corporations, P.O. Box 6327, Tallahassee, FL

FILING FEE: \$35.00

(Typed or Printed Name)