P010006660

TRANSMITTAL LETTER

02 SEP -9 PM 3: 08

TO:

Amendment Section Division of Corporations CECNETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: DPR CODING SOLUTIONS, INC. (Name of corporation) DOCUMENT NUMBER: P0100066610	7, 10 s
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:	-
DENIS M. RODRIGUEZ (Name of person) DPR CODING SOLUTIONS, INC. (Name of firm/company)	013
1829 AMERICANA BLVD #32M (Address)	4 457
ORLANDO, FL 32839 (City/state and zip code) For further information concerning this matter, please call:	i lilati

DEWIS M. RODRICUEZ at (407) 854-7359
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

PS 9/10/82

RO

CR2E045(07/02)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	A in order to c	hange its regi	stered office or i	registere	d agent, or bo	oth, in the State	• :
of Florida. 1 The name of	the corporation:	DPR	CODING	SOL	UTIONS	, INC.	· · · - ·
	office address:	1829	AMERICA	4NA	BLVD	#32M	
		ORLAN	NO FL	3.	2839		
3. The mailing	address (if different)	•			- 	12 SE	
	rporation/qualification					· · · · · · · · · · · · · · · · · · ·	10
5. The name an Florida Depart	nd street address of thartment of State:		•	-	d office on fil	e with the	
			DRIGUEZ GAVE #	- 1/3		RIDA	6 0
	-		FL 33	3/3	<u> </u>		: : : : : .
6. The name a changed):	and street address of		istered agent (if) and /or regi	stered office (if	
	1829 ORLF	_	ICANA Li al mailbox NOT accepts FL 328		#321	1	
The street add agent, as change	ress of its registered ged will be identica	office and th	e street address	of the bu	siness office	of its registered	
Such change v authorized by	was authorized by re the board, or the co	solution duly rporation has	adopted by its been notified in	oard of o	of the change.	an officer so	
(Signature of an office	cer, chairman or vice chairman	n of the board)	DENIS I	rinted or type	id name and title)	2, PRESING	,
performance o	of the appointment are to comply with the of my duties, and I arent. Or, if this document, I hereby confirm to	m familiar w	ith and accept the	e obliga	tion of my pos hange in the	sition as registered	## en 2
1 dn	(Signature of Registered Age	nit)	- <u> </u>	9/0	4 /0 2 Date		F-1
If signing on beh	nalf of an entity:						-
	(Typed or Printed Name)	 .	· 	(C	apacity)	. ,	····· + 1 * _

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