

P01000099256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

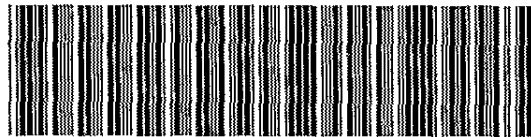
(Business Entity Name)

(Document Number)

Certified Copies _____ : Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AA
AL



Provima, Inc.

P.O. Box 41743
St. Petersburg, FL 33743

Telephone 727-343-4764
Fax 727-343-0513

September 27, 2006

Amendment Section
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: PROVIMA, INC.
P01000099256

Attached are Statement of Change of Registered Office and Registered Agent and the required filing fee of \$35.00.

Please contact me at 727-343-2695 if you require any additional information.

Sincerely,

Robert W. Lowder
President

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: Provi MA, Inc
2. The principal office address: 9825 Harrell Ave #503
Treasure Island FL 33706
3. The mailing address (if different): P.O. Box 41743
St Petersburg FL 33743
4. Date of incorporation/qualification: 10/11/01 Document number: P 01000099256
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

N/A - See attached

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert W. Lowder
9825 Harrell Ave #503
(P.O. Box NOT acceptable)
Treasure Island FL 33706

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, or the corporation has been notified in writing of the change.

Charlotte H. Lowder
(Signature of an officer or director)

Charlotte H. Lowder, Vice President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Robert W. Lowder
(Signature of Registered Agent)

9/27/06
(Date)

If signing on behalf of an entity:

Robert W. Lowder
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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