Requester's Name GREENACRE PROPERTIES, INC. 4131 Gunn Highway Tampa, Florida 33624 City/State/Zip

Office Use Only

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

CR2E031(7/97)

1	(Corporation Name)	(Document #)	ر المسلم الم المسلم المسلم
2	(Corporation Name)	(Document #) 600004686146 -11/16/0101101 ******35.00 ******	UUS
3	(Corporation Name)	(Document #)	
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1	☐ Walk in ☐ Pick up time	Certified Copy	
ļ	Mail out Will wait	Photocopy Certificate of Status	
	Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
<u>C</u>	Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	<u>.</u> .
		Examiner's Initials	

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.
1. The name of the corporation: ExpRESS PAY, INC.
2. The mailing address of the corporation: 4131 GUNN HIGHWAY
Tampa, FLORIDA 33624
3. Date of incorporation/qualification: 10-18-01 Document number; Poloco1456
4. The name and address of the current registered agent and office:
JEFFREY L. GREENACKE
4131 GUNN HIGHWAY
TAMPA, FLORIDA 33624
5. The name and address of the new registered agent (if changed) and/or registered office (it changed): (P. O. Box Not Acceptable)
DONALD L. MOSES
4151 GUNN HIGHWAY
TAMPA, FLORIDA 33624
, in the second of the second
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.
Signature of an officer, chairman or vice chairman of the board) (Date)
The Committee of the state of t
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation. 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.
Signature of Registered Agent) (Date) (Date)
f signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314