

PO2000091680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

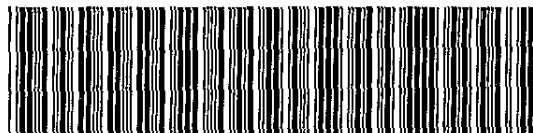
(Business Entity Name)

(Document Number)

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03 SEP 26 AM 10:33
FALLAH, J. L. CORONA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Compliance Outsourcing, Inc.
(Name of corporation)

DOCUMENT NUMBER: P02000091680

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:

Susan Bowman
(Name of person)

Compliance Outsourcing, Inc.
(Name of firm/company)

6931 NW 88 Avenue
(Address)

Tamarac, FL 33321
(City/state and zip code)

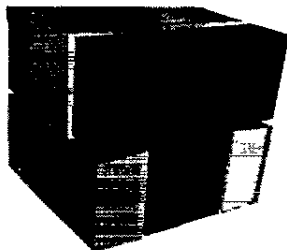
For further information concerning this matter, please call:

Susan Bowman at (954) 721-1994 x4815
(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



September 16, 2003

VIA CERTIFIED RETURN RECEIPT

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Compliance Outsourcing, Inc.
Document: P02000091680

Address Change for Corporate Office and Registered Agent

To Whom It May Concern:

Please note that our corporate office has moved to the following address:

6931 N.W. 88th Avenue
Tamarac, Florida 33321

Enclosed please find a Transmittal Letter and State of Change of Registered Office.

Please feel free to contact me at 954-721-1994 x 4815 with any future communication relating to the above mentioned entity.

Very truly yours,

Susan Bowman
Corporate Administrator

Enclosure: Transmittal Letter
Change of Registered Agent Office - \$35.00 Check

6931 Northwest 88th Avenue
Tamarac, Florida 33321

**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: Compliance Outsourcing, Inc.
2. The principal office address: 6931 NW 88 AVENUE
TAMARAC, FL 33321
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-23-02 Document number: P0200009168
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARY SANCHEZ
1360 N. UNIVERSITY DR. # 10
PLANTATION, FL 33322

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

MARY SANCHEZ
6931 NW 88 AVENUE
TAMARAC, FL 33321

(P.O. Box or personal mailbox NOT acceptable)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

03 SEP 2003 AM 10:33

FILED

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

CFO - Mary Sanchez
(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.

[Signature]
(Signature of Registered Agent)

9/11/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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