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OF STANFORMAN SAFANSSEE, FLO

P.A. Change C.COULLIETTE

JUN 15 2009

EXAMINER



ACCOUNT NO. : I2000000195
REFERENCE : 034841 10041A
AUTHORIZATION: Spulle Man
COST LIMIT : \$35.00
ORDER DATE : June 12, 2009
ORDER TIME : 9:32 AM
ORDER NO. : 034841-009
CUSTOMER NO: 10041A
CHANGE OF AGENT
NAME: PEO MANAGEMENT GROUP, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Matthew Young EXT# 2962
EXAMINER:

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

statement of chang	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of FLORIDA
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: PEO MANAGEMENT GROUP, INC.
2. The principal of	ffice address: 4224 West Henderson Boulevard,
	_ 33629-5611
	dress (if different): 4224 West Henderson Boulevard, 2 33629-5611
4. Date of incorpor	ration/qualification: 03/07/2003 Document number: P030000275432
5. The name and s Florida Departn	treet address of the current registered agent and registered office on file with the nent of State:
<u>J</u>	ane Phillips
4	1224 W. Henderson Boulevard
, 	Tampa, FL 33629
6. The name and so (if changed):	treet address of the new registered agent (if changed) and /or registered office
_(Corporation Service Company
<u>_1</u>	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
1 / ` -	of an officer or director) Tour Phillips, Secretary (Printed or typed name and title)
I hereby accept th I further agree to of my duties, and document is being corporation has b	ne appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this is filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
By:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	on Service Company liture of Registered Agent) One (Date)
If signing on beha	alf of an entity:
	Vannoy, Assistant VP

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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