

P030000081603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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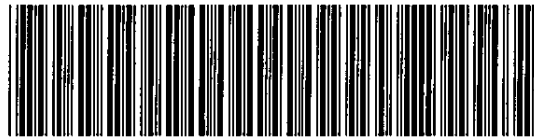
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2007

DARLENE J. GRAHAM
ACCOUNT RECEIVABLE MANAGEMENT OF FLORIDA
9000 REGENCY SQUARE BLVD., GROUND FL
JACKSONVILLE, FL 32211

SUBJECT: ACCOUNT RECEIVABLE MANAGEMENT OF FLORIDA, INC.
Ref. Number: P03000081603

We have received your document for ACCOUNT RECEIVABLE MANAGEMENT OF FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered office, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 407A00047439

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DIVISION OF CORPORATIONS

**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: ACCOUNT RECEIVABLE MANAGEMENT OF FLORIDA, INC.
2. The principal office address: 9000 REGENCY SQUARE BLVD., GROUND FLOOR, JACKSONVILLE FL 32211
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7-24-03 Document number: P03000081603
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

AMY S. CROFT
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE, FL 32207

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

AMY S. CROFT
501 RIVERSIDE AVE., 7TH FLOOR
(P.O. Box NOT acceptable)
JACKSONVILLE, FL 32202

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.

Darlene E. Graham
(Signature of an officer or director)

Darlene E Graham President/CEO
(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 of Registered Agent)

(Date)

If signing on behalf of an entity:

(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