

P03000081603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

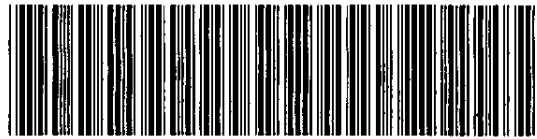
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500158877195

Charge

07/27/09--01034--023 **35.00

FILED
2009 AUG -7 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR

8/6/09

**00789, 00524, 00671*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Account Receivable Management of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000081603

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:

Geoffrey D. Sessions, Esquire

Name of Contact Person

Hinshaw & Culbertson LLP

Firm/Company

50 North Laura Street, Suite 4100

Address

Jacksonville, Florida 32202

City/State and Zip Code

gsessions@hinshawlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geoffrey D. Sessions, Esquire

Name of Contact Person

at (904)

359-9620

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2009

Geoffrey D. Sessions, Esq.
Hinshaw & Culbertson LLP
50 North Laura Street, Suite 4100
Jacksonville, FL 32202

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

We have received your document for ACCOUNT RECEIVABLE MANAGEMENT OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the form as the new registered agent in the space provided at the bottom of the page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 309A00026070

HINSHAW

& CULBERTSON LLP

August 5, 2009

VIA CERTIFIED MAIL

Florida Department of State
Division of Corporations
Attn: Annette Ramsey
Regulatory Specialist II
P.O. Box 6327
Tallahassee, Florida 32314

Re: Account Receivable Management of Florida, Inc.
Reference No. P03000081603

Dear Ms. Ramsey:

Enclosed please find our completed Statement of Change of Registered Office or Registered Agent for Corporation. Please do not hesitate to contact me should you have any questions regarding this matter.

Very truly yours,

HINSHAW & CULBERTSON LLP



Geoffrey D. Sessions
gsessions@hinshawlaw.com

GDS:es
Enclosure

ATTORNEYS AT LAW

50 North Laura Street
Suite 2200
Jacksonville, FL 32202-3621

904-359-9620
904-359-9640 (fax)
www.hinshawlaw.com

**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,
Florida, 32211
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/24/2003 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: (If resigned, enter resigned)

Kenneth C. Steel, III
501 Riverside Ave., 7th Floor
Jacksonville, Florida 32202

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

Geoffrey D. Sessions, Esquire
50 North Laura St., Ste. 4100
Jacksonville, Florida 32202

P.O. Box NOT acceptable

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 of an officer or director

Darlene 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

8/5/09

Date

If signing on behalf of an entity:

Geoffrey D. Sessions

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
CR2E045 (8/05)

FILED
2009 AUG -7 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA