P0300098003

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RA Change 7-30-14 De



ION SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 197701 4188E
AUTHORIZATION : Single Blend
COST LIMIT : (\$ 35.00
ORDER DATE : June 27, 2014
ORDER TIME : 1:12 PM
ORDER NO. : 197701-010
CUSTOMER NO: 4188E
CHANGE OF AGENT
NAME: PDL FINANCIAL CONSULTING, INC.
NAME: PDL FINANCIAL CONSULTING, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
AN THAIN STATED COFT
CONTACT PERSON: Emily Gray EXT# 62925
EXAMINER:

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

statement of cha	provisions of sections unge is submitted for a er to change its registe	a corporation organ	ized under the la	ws of the State of	Florida	-
1. The name of	the corporation: PDL	Financial Consulting	g, Inc.			
2. The principal	office address: 2019	East Country Club	Dr., TS8			
		tura, FL 33180				
3. The mailing a	address (if different):_					***************************************
4. Date of incorp	poration/qualification	09/08/2003	Document	number: P03000	098003	
	d street address of the timent of State: (If res			ed office on file w	vith the	
	Business Filings Inc	orporated			_	
	515 E. Park Avenue				-	
	Tallahassee, FL 323	301			پ	-71
6. The name and (if changed):	l street address of the	new registered agen	t (if changed) and	d /or registered of	. 3	1
	Corporation Service	Company			=======================================	الاست
	1201 Hays Street				1: 26	
		P.O. Box NOT	,		. , , ,	
	Tallahassee		FL	32301		
The street addre	ess of its registered of be identical.	fice and the street a	ddress of the bu	siness office of it	ts registered age	nt,
Such change wa authorized by th	is authorized by resol te hoard, or the corpo	ution duly adopted ration has been not	by its board of d ified in writing o	irectors or by an f the change.	officer so	
_////h	1/2		Joshua Landy, I			_
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as re the appointment as re to comply with the promy duties, and I am for the document is being that the corporation in Service Compan	ovisions of all statu amiliar with and ac filed merely to refle has been notified in	agree to act in t tes relative to the ecept the obligati ct a change in th	e proper and con on of my position w registered offic	unlete	·
By: One	pature of Registered Agent	ky.	07/29	Date .		
If signing on bel	half of an entity:	Emily Gray Asst. Vice Presiden	ī			
1 3	ped or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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