Division of Corporations
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Division of Corporations

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Account Name : ACENTS AND CORPORATIONS, INC.

Account Number : I20010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE INSPIRED RESULTS, INC.

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C. LEWIS

JAN 23 2014

EXAMINER

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https://efile.sunbiz.org/scripts/efilcovr.exe

1/22/2014

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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: INSPIRED RESULTS, INC.
2. The principal office address: 312105 Park Ridge Dr.
Brooksville, FL 34602
3. The mailing address (if different): PO BOX 12207
Brooksville, FL 34603
4. Date of incorporation/qualification: 10/28/2003 Document number: P03000121162
5. The name and spect address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
RENTPRO, LLC
22103 EAST LAKE LOOP
LAND O'LAKES, FL 34639
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH, SUITE 101-330
P.O. Box NOT acceptable NAPLES, FL 34102
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.
Doigh Charles and miles No
l hereby focept 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.
3 y: The Martina, Pres Her 1/22/14 September of Registerial Aprix Destr
If signing on behalf of an entity:
John L. Williams, President
Typed or Printed Name

* * * FILING PEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAULAHASSEE, FL 32314
CRIEGAS (03/12)

APPROVEU AND EN EN