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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LOMMUNITY RESOURCE SERVICES INC. Name of Corporation
DOCUMENT NUMBER: PO4000102148
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:
Community LE SORCE Solvices INC Firm/Company
Pobox 855 Address
BONITH SPUNGS FC 34133 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kumpelus P, Tholnton at (239) 596-4088 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 FLOUDA. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Community RESOURCE SERVICES INC
2. The principal office address: PO BOX 855 BONITA SPRINGS FL 34133
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/8/04 Document number: P0400102148
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)
STEPHEN LOWITZ
1715 MONPOE STRUCT
FI MYERS FL 3B90Z
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HE REGISTERED AGENTS, LLC FR & T
1715 MONPOE STREET P.O. Box NOT acceptable
Fr. MYELS EL 33901
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.
Roberto Botto Las april. Signature of an officer or director Roberto Botto Las april. Printed of typed frame and utile
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:
ERIN E. Houck-Toll, Vice-President 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