P04000104661

(Requestor's Name)				
(Address)				
(Address)				
(1881-555)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
,				
(Business Entity Name)				
•				
(Document Number)				
(Boodine Hamber)				
·				
Certified Copies Certificates of Status				
:				
Special Instructions to Filing Officer:				
,				

Office Use Only



200158546542

07/20/09--01057--022 **35.00

09 JUL 20 AM 9: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/2-N

COVER LETTER

TO: Amendmen Division of					
SUBJECT:	Florida Process	sing Support, Inc.	<u></u>		
	Name	of Corporation			
DOCUMENT NUI	MBER:F	20400104661			
The enclosed Staten	nent of Change of Registered C	Office/Agent and fee are	submitted for filing.		
Please return all correspondence concerning this matter to the following:					
		.			
	. Micha	ael Rathburn			
Name of Contact Person					
		<u></u>			
	Firm	n/Company			
	404 Combus	04 Dr. Suita 000			
	101 Century 21 Dr, Suite 202 Address				
Jacksonville, FL					
City/State and Zip Code					
Mika@floridanraccoping.com					
Mike@floridaprocessing.com E-mail address: (to be used for future annual report notification)					
	•	•	·		
For further informat	tion concerning this matter, ple	ase call:			
	Mike Rathburn	at (904)	233-0487		
Nam	e of Contact Person	Area Code &	233-0487 Daytime Telephone Number		
Enclosed is a \$35.00	O check made payable to the De	epartment of State.			
	Mailing Address: Amendment Section	Street Ad	Idress: nent Section		
	Division of Corporation		of Corporations		
	P.O. Box 6327	Clifton I	Building		
	Tallahassee, FL 32314		ecutive Center Circle see, FL 32301		

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

statement of cha	provisions of sections 607.0502, 617.0502, enge is submitted for a corporation organize	d under the laws of the State	of Florida			
	er to change its registered office or registered	Ū	of Florida.			
	1. The name of the corporation: Florida Processing Support, Inc.					
2. The principal office address: 101 Century 21 Dr, Suite 202, Jacksonville, FL 32216						
3. The mailing address (if different): P.O. Box 54429, Jacksonville, FL 32245						
4. Date of incor	poration/qualification: July 14, 2004	Document number:	P0400104661			
	d street address of the current registered ager rtment of State: (If resigned, enter resigned)	nt and registered office on file	with the			
	resigned		ECKE			
	•		FIL JUL 20 CRETARY LAHASSE			
•			A A			
			FLC B			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	9: 28 STATE			
	Michael Rathburn					
101 Century 21 Drive, Suite 202						
P.O. Box NOT acceptable						
	Jacksonville, FL 32216		<u> </u>			
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.						
-	as authorized by resolution duly adopted be he board, or the corporation has been notified.	y its board of directors or by ied in writing of the change.	an officer so			
	re of an officer or director	David Osborne, Printed or typed name a	President			
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as registered agent and a to comply with the provisions of all statute ad I am familiar with and accept the obliga ing filed merely to reflect a change in the r s been notified in writing of this change.	ngree to act in this capacity, s relative to the proper and ttion of my position as regist egistered office address, I h	complete performance vered agent. Or, if this ereby confirm that the			
	MANA	July 10, 20	009			
Sig	nature of Registered Agent	Date				
If signing on be	chalf of an entity:					
т	yped or Printed Name					
=	₹ •					

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