## POS000000509

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	· #)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Eiling Officer	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: Action Locating Service Inc (Name of Corporation)							
DOCUMENT NUMBER: P05000000509							
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:							
Edward C Mildner (Name of Contact Person)							
Action Locating Service Inc (Firm/Company)							
2609 N Forest Ridge Blvd #204							
(Address)							
Hernando, FL 34442 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Edward C Mildner at (866) 901-7288 (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

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

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

-	provisions of sections ( inge is submitted for a						!is	
	r to change its register							<del></del>
1. The name of	the corporation: Action	n Locating Servic	ce Inc	·,	<del> <u>-</u></del> -			<del></del>
	office address: 2609				· · · · · · · · · · · · · · · · · · ·	¥:		*
<del></del>	Hern	ando, FL 3444	2	<del></del>			,	·
3. The mailing a	ddress (if different):_	-	<del></del>	<del></del>		<u></u>		· -
4. Date of incorp	poration/qualification:	01/03/05	Docum	nent number	P050000	00509		
	I street address of the criment of State:	current registered ag	ent and regi	stered office	on file with	ı the		
·	Susan M Warn	er		— <del></del>			1 -	
	3919 E Garne	t Loop		-				
	Hernando, FL	34442-3940	·	** · · · · ·			41.	_
6. The name and (if changed):	d street address of the i	new registered agen	t (if changed	d) and /or reg	gistered offic	TALLAH TALLAH	05 OC1	1
	Edward C Mile	dner		<del></del>	<del></del> _	TAX ASS	9-	T
	6434 E RIVEF			· ·	· · ·		2	T
	•	P.O. Box NOT acceptable)			* * * ± *	FST/	=	
	HERNANDO,				,	BE	36	
The street addr as changed wil	ess of its registered of l be identical.	ffice and the street	address of t	he business	office of its	register	red age	ent,
Such change wauthorized by t	as authorized by resolute board, or the corporate	lution duly adopted oration has been no	l by its boar tifted in wr	d of directo iting of the	rs or by an change.	officer s	0	
Chum (Signa	C Millingure of an officer or director)	a	Edward	C Mildne	er, Presid	ent		<del></del>
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as r to comply with the pr nd I am familiar with ing filed merely to rej is been notified in wri	egistered agent an ovisions of all state and accept the obli flect a change in th ting of this change.	d agree to c utes relative igation of m e registered	ect in this ca to the prop ty position a d office addr	ipacity fer and com is registered ess, I hereb	plete per l agent. y confiri	rforma Or, if n that	ince this the
x Edward	C. Milhur.		X	0-4-	05.			
				_ (I	Date)			
If signing on b	ehalf of an entity:			Ē,		-		
	(Typed or Printed Name)	<del></del>	an e	• • • •			***	-
		* * * FILING FE	E: \$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)