

PD5000019893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

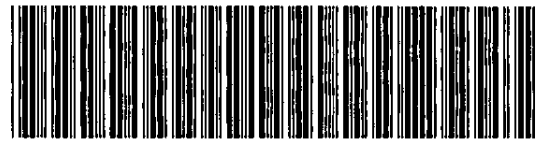
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700281061547

700281061547
01/19/16--01044--018 **35.00

FILED
2016 JAN 19 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rd/ch8

JAN 21 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCURATE REPORTING SERVICE, INC.

Name of Corporation

DOCUMENT NUMBER: P05000019893

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:

David R. Mains, Paralegal

Name of Contact Person

Karlson Law Group, P.A.

Firm/Company

301 Dal Hall Boulevard

Address

Lake Placid, FL 33852

City/State and Zip Code

info@karlsonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Mains, Paralegal at **863 465-5033**

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



Pamela T. Karlson, B.C.S.
Board Certified Real Estate Lawyer



Joy Bogaert, Esq.
Of Counsel

January 13, 2016

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Accurate Reporting Service, Inc.
Florida Document Number: P05000019893
Our File No. 362-15

Dear Sir or Madam:

Enclosed please find a Cover Letter and Statement of Change of Registered Office for the above-referenced corporation. When we filed the Annual Report on-line on January 12, 2016, and changed the registered agent, the address somehow did not get changed. We have also enclosed our check in the amount of \$35.00 made payable to the Florida Department of State to cover the filing fee for this address change.

If you have any questions pertaining to this filing, or desire additional information, please do not hesitate to contact us.

Sincerely,

Pamela T. Karlson, J.D., B.C.S.

PTK/drm

Enclosures as stated

cc: Client w/enclosures

**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: Accurate Reporting Service, Inc.
2. The principal office address: 439 Rose Avenue, Sebring, FL 33870
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/7/05 Document number: P05000019893

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)

Pamela T. Karlson

2557 US 27 South

Sebring, FL 33870

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

301 Dal Hall Boulevard

P.O. Box NOT acceptable

Lake Placid, FL 33852

FILED
2016 JAN 19 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of an officer or director

Printed or typed name and title

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.

Pamela Karlson
Signature of Registered Agent

1/13/16
Date

If signing on behalf of an entity:

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
CR2E045 (03/12)