P05000127490

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EXAMINHR



ACCOUNT NO. : I2000000195 REFERENCE : 733100 7826886 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: April 6, 2011 ORDER TIME : 8:30 AM ORDER NO. : 733100-011 CUSTOMER NO: 7826886 CHANGE OF AGENT NAME: NEIGHBORS VAN LINES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

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

statement of cha	nnge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, t anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	his	_
1. The name of	the corporation: NEIGHBORS VAN	LINES, INC.		
2. The principal	office address: 1571 W Copans Rd S	Suite 101, Pompano Beach, FL 33064 US	3	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 09/15/2005	Document number: P05000127490		
	d street address of the current registered rtment of State:	agent and registered office on file with the		
	Massaro, Louis			
	1571 W Copans Rd Suite 101			
	Pompano Beach, FL 33064 US			∄VS
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	1 APR -6	SIGN OF
	Corporation Service Company			
	1201 Hays Street		PM 12: 08	24
	(P.O. Box NOT acceptab	le)	0.8	疆
	Tallahassee, FL 32301			£."
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its register	red age	nt,
Such change wa authorized by the	as authorized by resolution duly adopt ne board, or the corporation has been i	ed by its board of directors or by an officer s notified in writing of the change.	0	
Magnati (Signati	ulu—Cathell are of an officer or director)	Maureen Cathell, Attorney In Fact (Printed or typed name and title)		_
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta ed I am familiar with and accept the ol- ing filed merely to reflect a change in to s been notified in writing of this chang on Service Company	and agree to act in this capacity. atutes relative to the proper and complete per bligation of my position as registered agent. the registered office address, I hereby confirn te.	rforma Or, if i n that	nce this the
	gnature of Registered Agent)	04/05/2011		
	gnature of Registered Agent) Phalf of an entity:	(Date)		
Sylvia Queppe	•			
	Typed or Printed Name)			

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