

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 : (850)222-1173 Phone : (850)224-1640 Fax Number

REGISTERED AGENT CHANGE

FOR THE INJURED, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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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: For the Injured, Inc.
2. The principal office address; 4114 Northlake Blvd., Suite 200, Palm Beach Gardens, Florida, 33410
3. The mailing address (if different):
4. Date of incorporation/qualification; 03-13-06 Document number; P06000036869
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
American Information Services, Inc.
One SE Third Avenue, 28th Floor
Miami, Florida 33131
5. The name and street address of the current registered agent and registered office on file with the Florids Department of State: American Information Services, Inc. One SE Third Avenue, 28th Floor Miami, Florida 33131 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CorpDirect Agents, Inc.
515 East Park Avenue
(P.O. Box NOT ecceptable) Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Short change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the corporation has been notified in writing of the change.
18th Separation Robert E. Gordon (Printed or 5) ped national dillo
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 an 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:
Ricky Sato Assistant Secretary
(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

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