

P06000040203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Ch ey
11-2-06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Case Monitoring & Management
(Name of Corporation)

DOCUMENT NUMBER: P6000040203

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Cunningham
(Name of Person)

Professional Case Monitoring & Management
(Name of Firm/Company)

4573 Wandering Oaks Ct.
(Address)

Jacksonville, FL ~~32239~~ 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Cunningham at 904 292-1011 or 726-8612
Sharice McCall at (904) 860-6170
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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: Professional Case Monitoring & Management, Inc. ^{Services}
2. The principal office address: 6501 Arlington Expressway, Ste. B-165
Jacksonville, FL 32211
3. The mailing address (if different): 4573 Wandering Oaks Ct.
Jacksonville, FL 32257
4. Date of incorporation/qualification: 3/20/06 Document number: P6000040203
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Professional Case Monitoring & Management, Inc.

1402 Harrison Ct.

Jacksonville, FL 32208

C/o Sharice McCall

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

Professional Case Monitoring & Management, Inc.

c/o Michelle Cunningham

4573 Wandering Oaks Ct.

(P.O. Box NOT acceptable)

Jacksonville, FL 32257

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.

Michelle Cunningham
(Signature of an officer or director)

Michelle Cunningham
(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.

Michelle Cunningham
(Signature of Registered Agent)

10-27-06
(Date)

If signing on behalf of an entity:

Michelle Cunningham
(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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