

P07000094623

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6380

**From:**

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

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**REGISTERED AGENT CHANGE  
INDEX DATAFILES, INC.**

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**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: Index Datafiles, Inc.  
2. The principal office address: 5109 W. Lemon Street  
Tampa, FL 33609  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/22/2007 Document number: P07000094623

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)

J. Matthew Marquardt, Esq.  
625 Court St., Suite 200  
Clearwater, FL 33756

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

Julio Esquivel, Esq., c/o Shumaker, Loop & Kendrick, LLP  
101 E. Kennedy Blvd., Suite 2800  
Tampa, FL 33602  
P.O. Box NOT acceptable

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]  
Signature of an officer or director

Daniel M. Doyle, Jr., President  
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.

[Signature]  
Signature of Registered Agent

10-11-16  
Date

If signing on behalf of an entity:

Nicole Savino  
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

CR16045 (03/12)

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