P07000108826

Promila Carp: Survices (Requestor's Name)
(Requestor's Name) 2.0-0 W. Adams STSB
Chicago all 60616
(Acaress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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G. Garage

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

•	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporat in order to change its registered office	on organizea unaer the taws of the State of or registered agent, or both, in the State of Florida.
	•
1. The name of the corporation:	Red Mind Solutions, Inc.
2. The principal office address: 3225 S. MacI	Dill Ave. Ste. 129-326 Tampa, FL. 33629-8171
3. The mailing address (if different):	
5. The maining address (in different).	
4. Date of incorporation/qualification: Octobe	r 2, 2007 Document number: P07000108826
	gistered agent and registered office on file with the
Frank Wuco	
3225 S. MACDILL AV	/E., SUITE 129-326
TAMPA, FL 33629	
 The name and street address of the new regis (if changed): 	tered agent (if changed) and /or registered office
NRAI Services, Inc.	7 OCT
2731 Executive Park	C Drive, Suite 4 SA =
(P.O. Box NO Weston, FL 33331	
Weston, FL 33331	FLO
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered age
Such change was authorized by resolution duathorized by the board, or the corporation has	ly adopted by its board of directors or by an officer so as been notified in writing of the change.
	Frank Wuco, President-CEO
(Signature of an officer of thrector)	(Printed or typed name and title)
l hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and acce document is being filed merely to reflect a chi corporation has been notified in writing of thi	l agent and agree to act in this capacity, of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.
Signature of Registered Agent)	<u> 10 - 9 - 2007</u> (Date)
f signing on behalf of an entity:	•
LETA SINGLETON (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 (8/05)

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