## P08000012058

(Requestor's Name)				
(Address)				
(Address)				
(Additional)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800266819598

11/24/14--01031--022 \*\*35.00

14 MOV 21 PH 2: 28

SECRETARY OF STATE DIVISION OF CORPORATIONS

C.L.3,14

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Federal Verification Co., Inc.

Name of Corporation

DOCUMENT NUMBED.

P08000012058

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garry Fink

Name of Contact Person

Federal Verification Co., Inc.

Firm/Company

P.O. Box 1735

Address

Oldsmar, FL 34677

City/State and Zip Code

gsizemore@gsaprocessors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Levenreich

.727

41-8485

Name of Contact Person

Area Code & Daytime Telephone Number

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

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR $\dot{}$ BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi unge is submitted for a corporation organized under the laws of the State of Florida	S	
•	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Federal Verification Co., Inc.		
2. The principal	office address: 3925 Tampa Road, Oldsmar, FL 34677		
3. The mailing a	address (if different): P.O Box 1735 Oldsmar FL 3	44	27
4. Date of incor	poration/qualification: 01/29/2008 Document number: P0800001205	8	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	Karen Logue-resigned		
	3925 Tampa Road		
	Oldsmar, FL 34677	7	AIG.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	4 NOV 24	ECKETA ISION OF
	David C. Levenreich, Esq		SS OF A
	406 South Prospect Ave.	PH 2:	F STA
	P.O. Box NOT acceptable Clearwater, FL 33756	28	ATE
The street address changed will	ess of its registered office and the street address of the business office of its registered, be identical.	agent	·,
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so he poard, or the corporation has been notified in writing of the change.		
	Hamul Fill Garry Fink, President		
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the appointment as registered agent and agree to act in this capacity.  to administrative provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the onligation of my position as register is adcannent is being filed merely to reflect a clarge in the registered office address, that the componation has been notified in writing of this change.  November 17 2014	red I	
If signing on bu	half of ameating		
David C. Le	yped or Printed Name		

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