

PO8000042936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

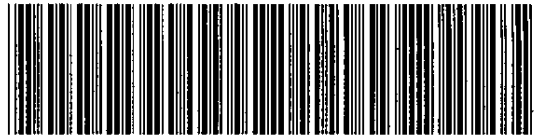
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400159103554

8/14/09
aw

Murphy, Erin L.

From: Kerriann Bucknor [kerriann.bucknor@crichtonmullings.com]

Sent: Thursday, August 13, 2009 10:54 AM

To: CorpAddressChange

Subject: Address change - Virtual Pay Inc.

Company name: Virtual Pay Inc.
Document Number: P08000042936

We kindly ask that the location and mailing address be changed to the following:

3350 SW 148th Ave.,
Suite 203
Miramar, FL 33027

Thank you

Kerriann Bucknor
Administrative Assistant

www.CrichtonMullings.com

