

PO800045386

(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

12-24-09



500163757305

12/18/09--01008--012 \*\*35.00

FILED  
2009 DEC 18 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA  
C. [Signature]

[Signature]

**COVER LETTER**

Sent  
12/15

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Team International, Services INC.  
Name of Corporation

**DOCUMENT NUMBER:** P08000045386

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:

VIVIAN Forde  
Name of Contact Person

Team International  
Firm/Company

3625 Messina Dr.  
Address

LAKE MARY, FL 32746  
City/State and Zip Code

VIVIAN F @ TEAMINTERNATIONAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Forde at 407 548-6305  
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 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: Team International Services, INC.  
2. The principal office address: 3625 Messina Dr  
LAKE MARY FL 32746  
3. The mailing address (if different): P.O. Box 952737  
LAKE MARY, FL 32795  
4. Date of incorporation/qualification: 5/6/2008 Document number: P08000045386  
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)

Matthew M. Moore  
59 Skyline Dr. Ste 100  
LAKE MARY, FL 32746 US

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

Matthew M. Moore  
3625 Messina Dr  
P.O. Box NOT acceptable  
LAKE MARY FL 32746

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 18 AM 9:54

FILED

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.

X Lori Shenefield  
Signature of an officer or director

Lori Shenefield, VP of Operations  
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.

11/17/09  
Signature of Registered Agent

11-5-09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)