

PI 0009048849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

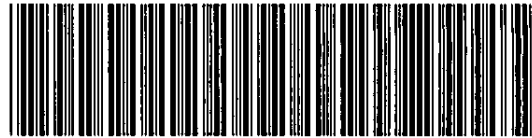
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800263383608

08/19/14--01003--005 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 19 PM 3:45

FILED

AUG 25 2014

C. CARRUTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISE Professional Testing & Consulting Services
Name of Corporation

DOCUMENT NUMBER: PI0000040849

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:

Ryanne Early
Name of Contact Person

ISE Professional Testing & Consulting Services
Firm/Company

2007 NW 5th Ave.
Address

Gainesville, FL 32603
City/State and Zip Code

early.ryanne@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryanne Early at (352) 474-0823
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: BE Professional Testing & Consulting Services
- 2. The principal office address: 1909 Hickory Trace Dr. Fleming Island, FL 32003
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/12/2010 Document number: P10000040819

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)
1909 Hickory Trace Dr.
Fleming Island, FL 32003

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2007 NW 5th Ave
Gainesville, FL 32603
P.O. Box NOT acceptable

FILED
14 AUG 19 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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 of an officer or director

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 of Registered Agent

8/5/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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