

P10000093029

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TBrown 10-27-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CPR TRAINING INSTITUTE INC.
Name of Corporation

DOCUMENT NUMBER: P 1 00000 93029

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:

CHRISTOPHER THOMAS
Name of Contact Person

CPR TRAINING INSTITUTE INC.
Firm/Company

9154 PATINA DRIVE
Address

BOYNTON BEACH, FL 33472
City/State and Zip Code

CHRIS @ CPRTRAININGINSTITUTEINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER THOMAS at (561) 346-8884
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CPR TRAINING INSTITUTE INC.
2. The principal office address: 9154 PATINA DRIVE BOYNTON BEACH, FL, 33472
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 1/1/11 Document number: P 10000093029
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)

CHRISTOPHER THOMAS

9154 PATINA DRIVE,
BOYNTON BEACH, FL, 33472

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

CHRISTOPHER THOMAS

7880 COCONUT BLVD,
P.O. Box NOT acceptable 33412
WEST PALM BEACH, FL, 33412

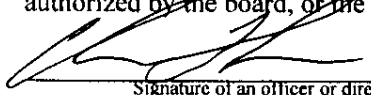
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TALLAHASSEE, FLORIDA

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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.

 CFO
Signature of an officer or director

CHRISTOPHER THOMAS
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.

 CFO
Signature of Registered Agent

October, 19, 2011
Date

If signing on behalf of an entity:

CHRISTOPHER THOMAS
Typed or Printed Name

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