

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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REGISTERED AGENT CHANGE IRI, INC.

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•		, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State o	
in order to	change its registered office	or registered agent, or both, in the State of	f Florida.
1. The name of the c	corporation: Information Rese	ources, Inc.	
	ee address: no change		
3. The mailing addre	ess (if different): no change		
4. Date of incorpora	tion/qualification: 7/24/1986	Document number: P10901	
	eet address of the current regent of State: (If resigned, ento	gistered agent and registered office on file er resigned)	with the
co	PRPORATION SERVICE CO.	MPANY	
120	DI HAYS ST TALLAHASSEI	E, FL 32301	ZOIBNOV SECRETA TALLA
			_ VO 22
6. The name and stre (if changed):	eet address of the new regist	tered agent (if changed) and /or registered (
<u>C1</u>	CT Corporation System		
clo	CT Corporation System, 120	0 South Pine Island Road	. IE 3
	Р.() Box NOT acceptable	-
Pla	mation, Florida 33324		_
The street address of as changed will be i	of its registered office and the	he street address of the business office of	its registered agent,
Such change was at authorized by the by	nthor/tyd by resolution duly party of the corporation has	adopted by its board of directors or by a been notified in writing of the change.	n officer so
	17~	Jennifer Kurz, Vice President	
I hereby acceptible I further agreely coperformance of my agent. Or, if this do	aunes, and i am jaminar wi ocument is being filed merei	Printed or typed name and agent and agree to act in this capacity. If all statutes relative to the proper and could not and accept the obligation of my position to reflect a change in the registered off notified in writing of this change.	ompleto on as registered
By: C T Corpor	tion System	11/6/2018	
Signature	Registered Agent	Military Values	
If signing on behalf	_	Alfred Younan sistant Secretary	
Typed	or Printed Name		
	* * * FIL	ING FEE: \$35.00 * * *	

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