

PI30000012103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

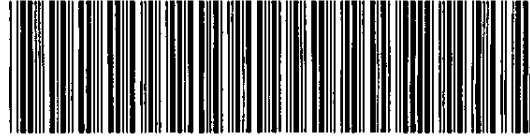
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA Change

08/20/15--01031--022 **35.00

FILED
2015 AUG 20 PM 12:50
TALLAHASSEE, FLORIDA
STATE

AUG 21 2015
A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2015

Paul Norris
CPRS Inc.
7949 Atlantic Blvd, Suite 201
Jacksonville, FL 32211

SUBJECT: CPRS, INC.
Ref. Number: P13000012103

We have received your document for CPRS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 515A00016154

15 AUG 20 AM 10:55

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CPRS INC.

Name of Corporation

DOCUMENT NUMBER: P13000012103

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:

Paul Norris

Name of Contact Person

Cprs Inc.

Firm/Company

7949 Atlantic Blvd. Suite 201

Address

Jacksonville, Fl. 32211

City/State and Zip Code

paul@cprsinc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Norris

Name of Contact Person

at **850 566-0030**

Area Code & Daytime Telephone Number

Enclosure is a \$35.00 check made payable to the Department of State.

RECEIVED

15 JUL 30 AM 12:01

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

* 00685, 006721

**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: CPRS INC.
2. The principal office address: 7949 Atlantic Blvd. Suite 201 Jacksonville, FL. 32211

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/05/2013 Document number: P13000012103

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)

Resigned

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

Paul Norris

7949 Atlantic Blvd. Suite 201 Jacksonville, FL. 32211

P.O. Box NOT acceptable

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.

Paul Norris

Signature of an officer or director

Paul Norris President

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.

Paul Norris

Signature of Registered Agent

7/22/15

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