

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL
Account Number : 076424001425
Phone : (772)233-4602
Fax Number : (772)223-4378

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address as follows:**

Email Address: turnbull@crarybuchanan.com

**REGISTERED AGENT CHANGE
CSR PROFESSIONAL SERVICES, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/05/2018

T. L. RUTKOWSKI

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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: CSR Professional Services, Inc.
 2. The principal office address: 830 NE Pop Tilton Place
Jensen Beach, FL 34957
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/3/14 Document number: P14000021249

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)

Robert J. Gorman, Esq.

1209 Delaware Avenue

Fort Pierce, FL 34950

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

W. Scott Turnbull, Esq.

759 SW Federal Highway, Suite 106

P.O. Box NOT acceptable

Stuart, FL 34994

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.

Warren R. Federgreen
Signature of an officer or director

Warren R. Federgreen, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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]
Signature of Registered Agent

6/5/18
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 (03/12)

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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