

P15000086177

(Requestor's Name)

Jatoya Cochran

NAME

PO Box 849145

ADDRESS

Dembroke Pines, FL

CITY / STATE

33084

ZIP CODE

☐ PICK-UP

☐ WAIT

☐ MAIL

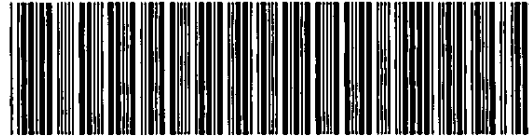
(Business Entity Name)

(Document Number)

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SECRETARY OF TREASURY
DIVISION OF ADMINISTRATION
15 NOV 25 AM 10:34

DEC 1 2015
C LEWIS

Professional Refund Services Inc

Document # P15000086177

786-991-3289 (phone)

professionalrefundservices@yahoo.com

11/19/15

Hello, my name is Jatoya Cochran

and im the owner of Professional

Refund Services Inc. I would

like for my address under Registered

Agent to reflect the PO Box listed

on previous page which is PO Box

849145 pembroke pines FL 33084.

If a PO Box can not be used

then please use business address

which is 18800 NW 2nd Ave Suite 105C

Miami FL 33169

Jatoya Cochran

Please call if any
additional info is
required.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Refund Services Inc
Name of Corporation

DOCUMENT NUMBER: P15000086177

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:

Satoya Cochran
Name of Contact Person

Professional Refund Services, Inc
Firm/Company

18800 NW 2nd Ave Suite 106C
Address

Miami, FL 33169
City/State and Zip Code

Professional Refund Services@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Satoya Cochran at (786) 991-3289
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Professional Refund Services Inc
2. The principal office address: 18800 NW 2nd Ave Miami FL 33169
Suite 105 C
3. The mailing address (if different): PO Box 849145 Pembroke Pines, FL
33084
4. Date of incorporation/qualification: 10/20/15 Document number: P15000086177
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)

Jatoya Cochran
7415 NW 33 St. Apt. 2202
Hollywood, FL. 33024

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

Jatoya Cochran
18800 NW 2nd Ave Ste 105 C
P.O. Box NOT acceptable
Miami, FL. 33169

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.

Jatoya Cochran
Signature of an officer or director

Jatoya Cochran
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.

Jatoya Cochran
Signature of Registered Agent

11/19/15
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

CR2E045 (03/12)

15 NOV 25 AM 10:34
DIVISION OF CORPORATIONS
STATE OF FLORIDA