P25168

(Re	equestor's Name)			
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(Ac	ldress)			
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(City/State/Zip/Phone #)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	ne)		
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(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:	<u></u>		
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID

FILED

ROP 109

COVER LETTER

	mendment Section vision of Corporations					
	Derformance Abetement Consi	ana Ina				
SUBJECT	SUBJECT: Performance Abatement Services, Inc. (Name of Corporation)					
DOCUMI	ENT NUMBER: P25168					
The enclos	sed Statement of Change of Registered Office	Agent and fee are submitted for filing.				
Please retu	arn all correspondence concerning this matter	to the following:				
	S. Emerick					
	(Name of Con	tact Person)				
	National Corporate Service	es, Inc.				
(Firm/Company)						
	2 Club Centre Court, Suite 5					
	(Addr	ess)				
	Edwardsville, Illinois 62025					
(City/State and Zip Code)						
For further	r information concerning this matter, please ca	all:				
C Emari	: al.	. 966				
S. Emeri	(Name of Contact Person)	at (866) 416-6274 (Area Code & Daytime Telephone Number)				
	,					
Enclosed i	s a \$35.00 check made payable to the Departs	ment of State.				
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
	i minimosee, i D SBS 17	Tallahassee, FL 32301				

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of <u>DE</u> r to change its registered office or registered agent, or both, in the State of Flor		<u></u>	
1. The name of t	he corporation: Performance Abatement Services, Inc.			
2. The principal	office address: 16400 College Blvd			
Lenexa, K	ansas 66219			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 7/6/89 Document number: P25168			
5. The name and	street address of the current registered agent and registered office on file with tment of State:	the		
	CT Corporation System			
	1200 South Pine Island Road	SECF	2008 D	
	Plantation, FL 33324	RETAF	1008 DEC 30	TIT
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	RY OF ST	PK	הכ
	NRAI Services, Inc.	RIE	2: 30	
	2731 Executive Park Drive, Suite 4	7	0	
	(P.O. Box NOT acceptable)			
	Weston, FL 33331			
The street address changed will	ess of its registered office and the street address of the business office of its rebe identical.	egistere	d agent,	
Such change was	as authorized by resolution duly adopted by its board of directors or by an or be board, or the corporation has been notified in writing of the change.	fficer so		
K (Signah	Charles F. Williams, Secretary (Printed or typed name and title		.	
	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete I am familiar with and accept the obligation of my position as registered of filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.		ormance or, if this that the	; !
Jul &	gnature of Registered Agent) 12 19 08 (Date)			
If signing on be	half of an entity:			
Sean L. En				
(7	Typed or Printed Name)			

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