1/10/22, S 04 A M

Division of Corporations



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(((H220000119853)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 လှ

Enter, the email address for this business entity to be used for future [7] manual report mailings. Enter only one email address please. **

Bmail Address:

REGISTERED AGENT CHANGE PERFORMANCE ABATEMENT SERVICES, INC.

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JAN 12 2022

S. PRATHER

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Help

(((H22000011985 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statute: ized under the laws of the State of red agent, or both, in the State of Florida		
1. The name of t	the corporation: Performance Abatement S	ervices, Inc.		
	office address:	<u>_</u>		
	n Avenue, Lenexa, Kansas, USA, 66219			
3. The mailing a	ddress (if different):			
-	poration/qualification: 07/06/1989			
5. The name and	I street address of the current registered ag tment of State: (If resigned, enter resigned	gent and registered office on file with the		
	NRAI SERVICES, INC			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324		22 JI	
6. The name and (if changed):	I street address of the new registered agen		2022 JAN II AH 9: 05 SECHELARY OF STALE ALLAHASSEE, FLORIDA	
	LEGALINC CORPORATE SERVICES INC.			
	LEGALINC CORPORATE SERVICES INC. 1.25 AP 99 1.25 SUMMERLIN COMMONS BLVD, SUITE 400 1.25 AP 99 1.2			
	P.O Box NOT acceptable			
	FORT MYERS, FL, US, 33907			
The street addre	ess of its registered office and the street a be identical.	address of the business office of its regis	tered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	rso	
Rodne	uj L Ersentrauer	RODNEY L EISENHAUER, SECRETAR	₹Y	
Signatu	re of an officer or director	Printed or typed name and title		
l hereby accept l further agree t of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of a landiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity, ites relative to the proper and complete j gation of my position as registered agen registered office address, I hereby conf	performance t. Or, if this firm that the	
27-00-		01/04/22		
Sign	natule of Registered Agent	Date		
If signing on be	half of an entity:			
ANNA MANUK	YAN			
T	yped 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 (04/13)