## P9300065529

(Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)				
/Cit	y/State/Zip/Phone	.#\			
(Cit	y/Otate/Zip/i*florie	: <del>π</del> )			
PICK-UP	MAIT	MAIL			
(Bu	sin <b>ess</b> Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Continue Copies					
Special Instructions to	Filing Officer				
	r ming Cimoon.				

Office Use Only



300043026983

12/06/04--01021--001 \*\*35.00

04 DEC -6 PM 4:53 SECRETARY OF STATE MINANASSEE, FLORES

PA Change 12/10/04 DC

## **COVER LETTER**

OBJECT: red	dear to dilatiga	Current Registered Agent (Name of corporation)
		(Mario of corporation)
OCUMENT NU	MBER: P930	00065529
he enclosed State	ment of Change	e of Registered Office/Agent and fee are submitted for filing.
lease return all co	orrespondence c	concerning this matter to the following:
	•	
		Linda Rose
. 12.4	.; 41.57.4. ·	(Name of contact person)
		Parent Services, Inc.
* * * * * * * * * * * * * * * * * * * *	್ರ -≒ .	(Firm/Company)
·		743 Villa Portofino Circle (Address)
•	.,,,	(Mulicos)
		Deerfield Beach, FI 33442
= 1		(City/state and zip code)
r further inform	ation concerning	g this matter, please call:
		-
	Linda Rose	at (954 ) 698-9388

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

statement of change is submitted j	for a corporation organized u	7.1508, or 617.1508, Florida Statutes, inder the laws of the State of Florida gent, or both, in the State of Florida.	
The name of the corporation:	Parent Services, Inc.	gent, or both, in the State of Florida.	
The mane of the corporation.  2. The principal office address:	743 Villa Portofino Circle	<del></del>	
z. The principal office accuress	Deerfield Beach, Fl 33442	2	
3. The mailing address (if differer			
4. Date of incorporation/qualification	tion: 09-16-1993	Document number: P93000065529	·
5. The name and street address of Florida Department of State:	the current registered agent a	and registered office on file with the	
	Deborah Zimmerm	an	
	743 Villa Portofino	Circle	,
	Deerfield Beach, F	133442	A A
6. The name and street address of (if changed):	the new registered agent (if c	changed) and /or registered office	ECRETA
	Norman J. Rose		-6 I
	743 Villa Portofino	Circle	PF.S
	(P.O. Box NOT acceptable)		<b>t:</b> 5 STAT LORU
	Deerfield Beach, F	33442	St. O
The street address of its registere as changed will be identical.	ed office and the street address	ess of the business office of its regist	ered agent,
Such change was authorized by authorized by the board, or the c	resolution duly adopted by i orporation has been notified	ts board of directors or by an officer I in writing of the change.	so
XLeda X 10 Linda Rose		Linda Rose	
(Signature of an officer or time		(Printed or typed name and title)	
I hereby accept the appointment I further agree to comply with the of my duties, and I am familiar we document is being filed merely to corporation has been notified in	as registered agent and ag ne provisions of all statutes i vith and accept the obligatio o reflect a change in the reg writing of this change.	ree to act in this capacity, relative to the proper and complete p on of my position as registered agent istered office address, I hereby confi	erformance Or, if this rm that the
Mohen Has	2	December 1, 2004	
(Signature of Registered A	igent)	(Date)	<del></del>
If signing on behalf of an entity:	, '		
NORMAN J. RO.	re		
(Typed or Printed Name	)		

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