Division of Corporations Public Access System

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Division of Corporations

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Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Phone

Account Number : 072731001155

: (813)253-2020

Fax Number

: (813)251-6711

REGISTERED AGENT CHANGE

ADREM PROFILES, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filings

Rublis Access Helpi

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, atted for a corporation organized under the laws of the State of Florida	<u>-</u>
-	egistered office or registered agent, or both, in the State of Florida.	in order
	fithe corporation: Adrem Profiles, Inc.	
2. The principa	ll office address: 12910 Vickeburg Drive, Tampa, FL 33625	
3. The mailing	address (if different): 12910 Vicksburg Drive, Tampa, FL 33625	
4. Date of inco	rporation/qualification: 1/1/94 Document number: P9400000057	
	nd street address of the current registered agent and registered office on file with the artment of State:	<u> </u>
	John L. Holland, Jr.	- 58 3
•	5461 W. Waters Avenue, Ste. 900	
	Tampa, FL 33634	RAY O
6. The name ar (if changed):		F STATE FLORIDA
	John L. Holland, Jr.	-
	12910 Vicksburg Drive (P.O. Box or personal mailbox NOT acceptable)	-
	Tampa, FL 33625	
The street addi	ress of its registered office and the street address of the business office of its registe	ered agent, as
Such change v the board or th	was authorized by resolution duly adopted by its board of directors or by an officer he compraint has been notified in writing of the change.	so authorized by
×	John L. Holland, Jr., Presider (Signature of an officer or speed mane and)	ıt .
40	it 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 per familiar with and accept the obligation of my position as registered agent. Or, it is reflect a change in the registered office address, I hereby confirm that the capacity to this change.	
×	4/30/04	
	(Date) (Date) (Date) (Date) (Date) (Date)	
	(Capacity)	<u></u>

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314