## 19400013843

(Re	equestor's Name	)
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Na	ime)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		, <u>.</u>
		J. HORNE
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		'J. HORNE MAY - 9 2024
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Office Use Only



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## **COVER LETTER** •

TO:

TO:	Amendment Section Division of Corporations	
	istrision of Corporations	•
SUBJ Name	ECT: Advocates In Manpower Management. of Corporation	Inc.
Name	or Corporation	
DOC	UMENT NUMBER: P4000013893	
The e	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Valette	e Porter	
Name	of Contact Person	
Advoc	rates In Manpower Management, Inc.	
Firm/0	Company	
10325	SW Green Turtle Ln	
Addre	ess	
Port S	aint Lucie, FL 34987	
City/S	State and Zip Code	<del></del>
	vporter@aimmfed.com	
E-ma	il address: (to be used for future annua	l report notification)
		·
For fu	orther information concerning this matter,	please call:
Valette	e Porter	at (561 )251-1199
	Name of Contact Person	at ( 561 ) 251-1199  Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## AT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH PORATIONS

The mailing address (if different):  2740 SW Martin Downs Blvd, Palm City, FL 34990  Document number:  P94000013893  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)  Richard P Ponter  10325 SW Green Turtle Ln  Port Saint Lucie, Fl 34987  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Valette Ponter  10325 SW Green Turtle Ln  Port Saint Lucie, Fl 34987  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 suthorized 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.  Potent Caldwell Sentence Vice President  Protect of the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all standards 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 Date		the corporation: Advocates In Manpower	Management, Inc.		<del></del>
Document number: Docume	. The principal	office address: 10325 SW Green Turtl Ln	, Port Saint Lucie, FL 34987		<del></del>
Document number: 1900001303  i. 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)  Richard P Porter  10325 SW Green Turtle Ln  Port Saint Lucie, Fl 34987  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Valette Porter  10325 SW Green Turtle Ln  Port Saint Lucie, Fl 34987  The street address of its registered office and the street address of the business office of its registered agent. 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.  Robert Caldwell Senior Vice President  Pronted or typed name and title	73:::	address (if different): 2740 SW Martin Do	owns Blvd, Palm City, FL 34	990	
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)  Richard P Porter  10325 SW Green Turtle Ln  Port Saint Lucie, FI 34987  5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Valette Porter  10325 SW Green Turtle Ln  P.O. Box NOT acceptable  Port Saint Lucie, FI 34987  The street address of its registered office and the street address of the business office of its registered agent. 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.  Robert Caldwell Senior Vice President  Printed or typed name and table.	. The maning of . Date of incor	poration/qualification: 02/17/1994	Document number:	P94000013893	
Port Saint Lucie, FI 34987  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Valette Porter  10325 SW Green Turtle Ln  P.O. Box NOT acceptable  Port Saint Lucie, FI 34987  The street address of its registered office and the street address of the business office of its registered agent.  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.  Robert Caldwell Senior Vice President  Printed or typed hame and title	The name an	d street address of the current registered	agent and registered office		
Port Saint Lucie, Fl 34987  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Valette Porter  10325 SW Green Turtle Ln  P.O. Box NOT ecceptable  Port Saint Lucie, Fl 34987  The street address of its registered office and the street address of the business office of its registered agent.  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.  Robert Caldwell Senior Vice President  Signature of an officer or director  Robert Caldwell Senior Vice President		Richard P Porter		<del></del>	
5. The name and street address of the new registered agent (if changed) and /or registered office  (if changed):  Valette Porter  10325 SW Green Turtle Ln  P.O. Box NOT ecceptable  Port Saint Lucie, Fl 34987  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.  Robert Caldwell Senior Vice President  Printed or typed name and title		10325 SW Green Turtle Ln			
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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.    Olithar Caldwell   Robert Caldwell   Senior Vice President     Signature of an officer or director   Printed or typed name and title					7. 7
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.    Cleft Caldwell   Robert Caldwell Senior Vice President			Box NOT acceptable		
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.  Robert Caldwell Senior Vice President  Signature of an officer or director  Printed or typed name and title				office of its registered	soent (
Robert Caldwell Senior Vice President  Signature of an officer or director  Robert Caldwell Senior Vice President  Printed or typed name and title	The street add as changed wi	ress of its registered office and the stre !  be identical.	et address of the business	office of im regimeree	- ABLUM
Robert Caldwell Senior Vice President  Signature of an officer or director  Robert Caldwell Senior Vice President  Printed or typed name and title	Such change vauthorized by	was authorized by resolution duly adop the board, or the corporation has been	ted by its board of director notified in writing of the c	rs or by an officer so change.	
Signature of an officer or director	Robert		Robert Caldwell Senior	Vice President	
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 statues 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 document is being filed merely to reflect a change in the registered office address, I hereby confirm that the document is being filed merely to reflect a change.  United to the proper and complete performance of this change in the registered office address, I hereby confirm that the document is being filed merely to reflect a change.  United to the proper and complete performance of this change in the registered office address, I hereby confirm that the document is proper and complete performance of this change in the registered office address. I hereby confirm that the document is perfectly a proper and complete performance of the proper and complete performance and complete performance of the proper and complete performance and complete perfor	2iki:	rure of an officer or director	ribited of 199	CO (MILIO ID C 1000	
Valette wite 4-15-24	I hereby acce I furthér agré	of the appointment as registered agent e to comply with the provisions of all s and I am familiar with and accept the c eeing filed merely to reflect a change in	and agree to act in this ca tanues relative to the prop obligation of my position a the registered office addr ge.	pactify. er and complete perfo is registered agent. O ess, I hereby confirm	ormance or if this that the
	of my duties, document is	//			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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