74000089583

(Requestor's Name)
(A.D.)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



300241061863

10/25/12--01028--001 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Profitable Solutions, Inc.

Name of Corporation

DOCUMENT NUMBED. P94000089583

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory Stinson

Name of Contact Person

c/o Jacksons's Bistro and Bar

Firm/Company

601 S.Harbour Island Blvd. Ste 100

Address

Tampa, Fl 33602

City/State and Zip Code

harbourguy@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Stinson

₍813)

.478-4741

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617. statement of change is submitted for a corporation organized under the laws of	•
in order to change its registered office or registered agent, or both, i	n the State of Florida.
1. The name of the corporation: Profitable Solutions, Inc.	
2. The principal office address: 601 S. Harbour Island Blvd. Suite	3 100
Tampa, FL 33602	
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: 12-7-1994 Document num	p94000089583
5. The name and street address of the current registered agent and registered of Florida Department of State: (If resigned, enter resigned)	ffice on file with the
Bruce D. Friedlander (resign	ed)
3300 N. University Drive Ste 4	12
Coral Springs, FL 33065-6300	007 25
6. The name and street address of the new registered agent (if changed) and /o (if changed):	
Lawrence Ingram	
100 N. Ashley Drive	**************************************
P.O. Box NOT acceptable	
Tampa, FL 33602	
The street address of its registered office and the street address of the business changed will be identical.	
Such change was authorized by resolution duly adopted by its board of direct authorized by the board of the corporation has been notified in writing of the	ctors or by an officer so the change.
Gregory Stins Signature of an officer or director Printed or	
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in the rehereby confirm that the corporation has been notified in writing of this char	typed name and title capacity. coper and complete of my position as registered egistered office address, I ige.
Signature of Resistered Agent 10/18/17	Draw.
If signing on behalf of an entity:	Date
Typed 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 (03/12)