P95000033550 Applicant Background Screening

Personal Information Network, Inc.

P.O. Box 485 • Bradenton, FL 34206-0485 • 941/746-5878 fax • 941/745-2850

OB SER IO PA W. 51

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RA Chg.

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, the undersigned corporation organized under the submits the following statement in order to change its	607.1508, or 617.1508, Florida Statutes, e laws of the State of
submits the following statement in order to change its both, in the State of Florida.	registered office or registered agent, or
1a. The name of the corporation is: PERSonal	Information Network, Inc.
1b. The mailing address of the corporation is: 1521 Cape (oral, Fl. 33914	SW 47th Terrace # 101
1c. Date of incorporation: May 1, 1995 Docu	ment number: P95 000033550
2. The name and address of the current registered age Lori Lamaritata P.O. Box 151251 2102 - 23 rd Cape Curat Ft 33915 6	A Ve. West
3. The name and address of the new registered agent an Lori Lamaritata	
1521 SW 47 Terrace #	101
Cape Coral, Fl. 33914	
The street address of its registered office and the stre registered agent, as changed, will be identical.	et address of the business office of its
Such change was authorized by resolution duly adopted so authorized by the board.	by its board of directors or by an officer
Lou Va mantata	8/10/98
(Signature of an officer, Chairman or vice chairman of the board)	(Date)
Lori Lamaritata: Director (Printed or typed name and title)	
Having been named as registered agent and to accept corporation, I hereby accept the appointment as registered further agree to comply with the provisions of all state performance of my duties, and I am familiar with and registered agent.	ed agent and agree to act in this capacity. utes relative to the proper and complete
Lou Tamantata	8/10/98
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
PERSONAL Information Network, The	Director
(Typed or Printed Name)	(Capacity)

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

FILING FEE: \$35.00