

P45000041093

(Requestor's Name)

(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



300183599813

AC
E. DENNARD

7/27/10

Malave, Erin

P95000041093

From: Randy McMullen [mcmullenr@nettally.com]

Sent: Friday, July 23, 2010 6:14 AM

To: CorpAddressChange

Subject: McMullen Risk Management Services, Inc. -- Division of Corporations (Change of Address Effective August 1, 2010)

RE: McMullen Risk Management Service, Inc.
Tax ID #59-3315589

Please change my physical and mailing address effective August 1, 2010 to the following:

4027 McLaughlin Drive
Tallahassee, FL 32309

Please confirm receipt of this request.

Thank-you,
Randy McMullen
President
(850) 656-4040