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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : QUARLES & BRADY LLP
Account Number : I20000000067
Phone : (941) 262-5959
Fax Number : (941) 434-4999

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03 FEB 19 PM 2:03

DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

REGISTERED AGENT CHANGE

ALLSTATE BIOGUARD SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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2/19/03 (2)

**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 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Allstate Bloguard Services, Inc.
2. The principal office address: 2338 Immokalee Road #249, Naples, FL 34110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/01/1995 Document number: P95000068517

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Craig Rety

9857 Clear Lake Circle

Naples, FL 34109

6. The name and street address of the new registered agent (if changed) and /or registered office
changed):

Naples-Lawdock, Inc.

c/o Quarles & Brady LLP, 4501 Tamiami Trail No., Suite 300

(P.O. Box or personal mailbox NOT acceptable)

Naples, FL 34103

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.

Craig Rety
(Signature of an officer, chairman or vice chairman of the board)

Craig Rety, President

(Printed or typed name and title)

*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 statutes 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 corporation has been notified in writing of this change.*

John D. Humphreville
(Signature of Registered Agent)

2/19/03
(Date)

If signing on behalf of an entity:

John D. Humphreville

Treasurer

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314