

Pg 50000 95459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

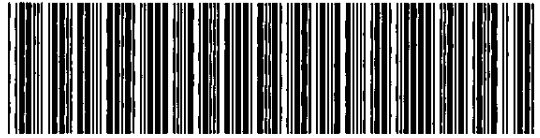
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RR
1/16/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DRC of Pinellas, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P95000095459

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:

John Dufek
(Name of Contact Person)

DRC of Pinellas, Inc.
(Firm/Company)

P.O. Box 235
(Address)

Pinellas Park, FL 33780-0235
(City/State and Zip Code)

For further information concerning this matter, please call:

John Dufek at (727) 541-5635
(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 617.1508, 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: DRC of Pinellas, Inc.
2. The principal office address: 12680 Frank Dr. S., Seminole, FL
3. The mailing address (if different): P.O. Box 235 Pinellas Park, FL 33780-0235

4. Date of incorporation/qualification: Dec. 1995 Document number: P5000095459

5. 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)

John Dufek

12680 Frank Dr. S.

Seminole, FL 33776

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

John Dufek

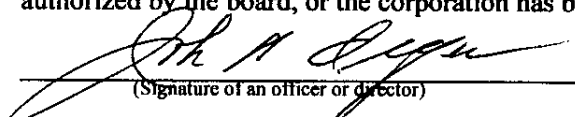
5870-56th Ave. N., #B104

(P.O. Box NOT acceptable)

Kenneth City, FL 33709

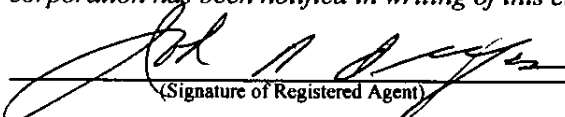
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

John Dufek, 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.


(Signature of Registered Agent)

December 22, 2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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2009 JAN -9 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FL 32301