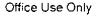
## P96000045937

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Amendment Section

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TO:

Division of Corporations
SUBJECT: PROFESSIONAC LIABILITY SERVICES, WC.
DOCUMENT NUMBER: P96 0000 45937
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:
Name of Contact Person  PROFESSIONAL LABILITY SERVICES, INC  Firm/Company  250 Sorth Havy 17-92, Ste 110  Address  Longwood Fr 32750  City/State and Zip/Code  F. W. V. I ano C. quark com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

1. . . .

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: PLOFESSIONAL WABILITY SERVICES, INC
2. The principal office address: 1250 South they 17-92 STE 110  LONGWOOD, FL 32750
3. The mailing address (if different): 54ME
4. Date of incorporation/qualification: 05/30/1996 Document number: P960000 45937
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)
SPIEGEL & UTRELA, PA
SPIEGEL & UTRELA, PA  343 ALMERIA AVE.  CORAL GABLES FI 33/34
CORAL GABLES, FL 33/34
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  ROBELT T. TULANO  28
1250 So- Hwy 17-92, STE 110 P.O. Box NOT acceptable  Land & Woods FL 32750
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.    ROBELT T. TULIAUS
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  If signing on behalf of amentity:
Typed or Printed Name

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