Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: AKERMAN SENTERFITT - TAMPA

Account Number : 120000000249

Phone

: (813)223-7333

(813)223-2837

REGISTERED AGENT CHANGE

PROFESSIONAL PLACEMENT SERVICES, INC.

0
0
02
\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this natement 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.
. The name of the corporation: Professional Placement Services, Inc.
2. The principal office address; P.O. Box 130536, Tampa, FL 33681-0536
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/03/1996 Document number: P96000048405
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Pedro F. Bajo
100 S. Ashley Drive, Suite 1500
Florida Department of State: Pedro F. Bajo 100 S. Ashley Drive, Suite 1500 Tampa, FL 33602 5. The name and street address of the new registered agent (if changed) and /or registered office
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
American Information Services, Inc.
401 E. Jackson Street, Suite 1700 (P.O. Box NOT acceptable)
Tampa, FL 33602
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.
Susan G. Etheridge, President (Printed or hyped name and mile)
thereby 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 lacument is being filed merely to reflect a change in the registered affice address, I hereby confirm that the corporation has been notified in writing of this change.
Strong Louis (None) 11-4-65 (Date)
f signing on behalf of an entity: Deborah L. Evans
(Typed or Printed Name)

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)