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Aless 2278 Canfield Dr Springhill F134600

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)
(Corporation Name)	(Document#)
(Corporation Name)	(Document #) CORIUM
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials M/0/3/

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, the
undersigned corporation organized under the laws of the State of # 100 i
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Mall Services Plus Inc
2. The mailing address of the corporation is: 2163 K University of Tampa F1 33612
3. Date of incorporation/qualification: Document number:
4. The name and address of the current registered agent and office:
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) of Spring hill Fl. 34607 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
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. (Signature of an officer, chairman or vice chairman of the board) (Date)
M. Chelle Noss (Printed or typed name and title) (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Office of Registered Agent) (Date) / 9
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Capacity)

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