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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Agency Soltuions Florida, Inc. (Name of corporation)
DOCUMENT NUMBER: P97000028811
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:
·
Angelina Browne (Name of person)
Agency Soltuions Florida, Inc. (Name of firm/company)
1410 N. Westshore Blvd., Suite 600
(Address)
Tampa. FL 33607-4532 (City/state and zip code)
For further information concerning this matter, please call:
Angelina Browne at (813) 207-8582 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(07/02)

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

		617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of		ation organized under the laws of the State of stered office or registered agent, or both, in the State
of Florida.	in order to change its regu	the same of the sa
1. The name of	the corporation: <u>Agency Solu</u>	tions Florida, Inc.
2. The principal	office address: 1410 N. West	shore Blvd., Suite 600, Tampa, FL 33607-4532
3. The mailing a	ddress (if different): Same as	above
4. Date of incorp	poration/qualification: <u>March</u>	25, 1997 Document number: P97000028811
	I street address of the current regis tment of State:	tered agent and registered office on file with the
	Brian M. Nugent	
	1410 N. Westshore Blvd.	, Suite 600
	Tampa, FL 33607-4532	
6. The name an changed):	d street address of the new regis	stered agent (if changed) and /or registered office (if
	David D. Volpi	FLS TO
_	1410 N. Westshore Blvd. (P.O. Box or personal	Suite 600 mailbox NOT acceptable)
-	Tampa, FL 33607-4532	
The street addre agent, as change	ess of its registered office and the ed will be identical.	street address of the business office of its registered
Such change wa authorized by th	as authorized by resolution duly acte board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
(Signature of an officer,	chairman or vice chairman of the locard)	Printed or typed name and title)
I further agree t performance of	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as led merely to reflect a change in the registered tion has been notified in writing of this change.
AST	gnature of Registered Agent)	10.27.03 (Date)
If signing on behalf	•	
	vned or Printed Name)	(Capacity)

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