

P97000035423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

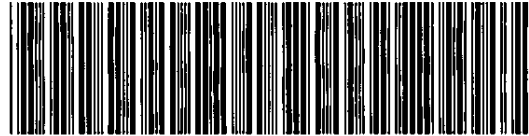
(Business Entity Name)

(Document Number)

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C. LEWIS
JUN 5 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Promotions For Results, Inc.

Name of Corporation

DOCUMENT NUMBER: P97000035423

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:

Elizabeth Leonard

Name of Contact Person

Promotions For Results, Inc.

Firm/Company

11381 S. W. Hillcrest Circle

Address

Port St. Lucie, FL 34987

City/State and Zip Code

pro4res@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Leonard

Name of Contact Person

at (772-621-7028)

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: PROMOTIONS FOR RESULTS, INC.
2. The principal office address: 10438 ORCHID RESERVE DR
W. PALM BEACH, FL 33412
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/21/1997 Document number: P97000035423

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)

"SEE ABOVE"
LEONARD, ELIZABETH
10438 ORCHID RESERVE DR.
WEST PALM BEACH, FL 33412

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

ELIZABETH LEONARD - PROMOTIONS FOR RESULTS
11381 S.W. HILLCREST CIRCLE
P.O. Box NOT acceptable
PORT ST. LUCIE, FL 34987

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.

Elizabeth Leonard
Signature of an officer or director

ELIZABETH LEONARD, 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.

Elizabeth Leonard
Signature of Registered Agent

May 19, 2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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