

P97000075607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

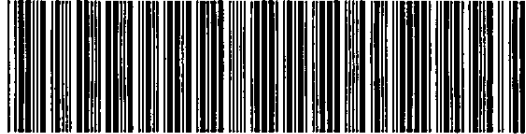
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/23/15--01036--023 **35.00

2015 NOV 23 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 30 2014
C. CARROTHERS

Cathi Wall
217.469.5225 - Direct Dial
855.450.7774 - Facsimile
cathi.wall@InfinityPSGI.com

November 20, 2015

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: ~~PA-FLA-Plaza, Inc.~~

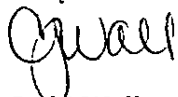
Dear Sir or Madam:

Enclosed for filing is the Change of Registered Agent/Office for the above-referenced entity and check in the amount of \$35.00.

Please file at your earliest opportunity and return the file-stamped copy to me at the below address.

If you have any questions or need anything else to process this filing, please do not hesitate to contact me at the above number.

Sincerely,



Cathi Wall

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PA-FLA Plaza, Inc.

Name of Corporation

DOCUMENT NUMBER: P97000075607

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:

C. Wall

Name of Contact Person

Infinity Professional Services Group Inc.

Firm/Company

600 S. Second St., Suite 104

Address

Springfield, IL 62704

City/State and Zip Code

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

For further information concerning this matter, please call:

C. Wall

Name of Contact Person

at (**217**) **645-6457**

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: PA-FLA Plaza, Inc.
2. The principal office address: 406 W. Hillsboro Blvd., Deerfield Beach, FL 33441
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/02/1997 Document number: P97000075607
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)

NRAI Services, Inc.

1200 South Pine Island Road

Plantation, FL 33324

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

Registered Agent Solutions, Inc.

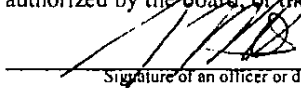
155 Office Plaza Drive, Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

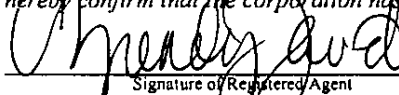


Signature of an officer or director

Stephen M Alonso, Secretary

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.



Signature of Registered Agent

11/17/15

Date

If signing on behalf of an entity:

Brenda David, Asst. Secretary

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 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 23 PM 3:04

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