794000083427

(F	Requestor's Name)	
(4)	\ddress)	
(#	(ddress)	
(0	Dity/State/Zip/Phone #)	
·		
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

Office Use Only



500024202845

10/31/03--01014--001 **455.00



eta oro: Mm 1114103

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Agency Soltuions	Georgia, Inc. (Name of corporation)		e e
DOCUMENT NUMBER: P976	• •		
The enclosed Statement of Change of	f Registered Office/Agent	and fee are submitted for filing.	
Please return all correspondence con-	cerning this matter to the fo	ollowing:	
Angelina Browne (Name of perso	n)		·
Agency Soltuions Georgia, I (Name of firm/com)	ne. pany)	·· .	$r \rightarrow$
1410 N. Westshore Blvd Su (Address)	ite 600		
Tempa, FL 33607-4532 (City/state and zip o	ode)		·
For further information concerning the	nis matter, please call:		
Angelina Browne (Name of person)	at (<u>813</u>) (Area code & c	207-8582 daytime telephone number)	
Enclosed is a \$35.00 check made pay	vable 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 409 E. Gaines Street Tallahassee, FL 32399		

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

Pursuant to the	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
this statement o	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	f the corporation: Agency Soltuions Georgia, Inc.	
2. The principa	office address: 1410 N. Westshore Blvd., Suite 600, Tampa, FL 33607-4	<u>53</u> 2
3. The mailing	address (if different): Same as above	_
4. Date of incor	rporation/qualification: Sept. 23, 1997 Document number: P97000083427	
	nd street address of the current registered agent and registered office on file with the artment of State:	,
	Brian M. Nugent) 2
	1410 N. Westshore Blvd., Suite 600	50 00T 31
	Tampa, FL 33607-4532	PI
6. The name as	and street address of the new registered agent (if changed) and /or registered office (if	
changed):		7
	David D. Volpi	_
	1410 N. Westshore Blvd., Suite 600 (P.O. Box or personal mailbox NOT acceptable)	
	Tampa, FL 33607-4532	
The street addr agent, as chang	ress of its registered office and the street address of the business office of its registered ged will be identical.	
Such change w authorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(Signature of an office	James K Murray III CEO (Printed or typed name and title)	
I further agree	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as nt. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.	
	Signature of Registored Agent) (Date)	
If signing on beha		
	(Typed or Printed Name) (Capacity)	

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