

V23392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

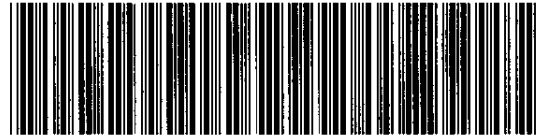
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200149078832

RA
change

04/20/09--01041--018 **35.00

FILED
2009 APR 20 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/23/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Referral Network System Inc
(Name of Corporation)

DOCUMENT NUMBER: V. 23392

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:

LLOYD ATKINS JR
(Name of Contact Person)

Florida Referral Network System Inc
(Firm/Company)

P. D. Box 7
(Address)

MOUNT DORA, FL 32756
(City/State and Zip Code)

For further information concerning this matter, please call:

LLOYD ATKINS JR at (352) 383-1111
(Name of Contact Person) (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: Florida Referral Network System, Inc.
2. The principal office address: 196 W. 5th Ave
Mount Dora, FL 32757
3. The mailing address (if different): P.O. Box 7
Mount Dora, FL 32756
4. Date of incorporation/qualification: 1-29-1997 Document number: V 23392
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)

E. B. Tomlinson (Deceased)
196 W 5th Ave
Mount Dora, FL 32757

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

BRUNS
DANA R. BRUNS
30107 RAINEY ROAD
(P.O. Box NOT acceptable)
SORRENTO, FL 32776

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]
(Signature of an officer or director)

LLOYD M. ATKINS JR., PRES.
(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.

Dana R. Bruns
(Signature of Registered Agent)

4-15-09
(Date)

If signing on behalf of an entity:

DANA R. BRUNS
(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

FILED
2009 APR 20 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA