## Florida Department of State

Division of Corporations Public Access System

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## 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, the undersigned corporation organized under the laws of the State of North Carolina
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the corporation : Tempkins Associates-Integration Dimension, Inc.
2. The mailing address of the corporation : 8970 Southal Road, Raleigh, NC 27616
3. Date of incorporation/qualification: July 20, 2001 Document number: P01-3834
4. The name and address of the current registered agent and office:  Gerace Anthony J  5850 T.G. Lee Blvd., Suite 520
Gerace Anthony J
5850 T.G. Lee Blvd., Suite 520
A.1
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324
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 fesolution duly adopted by its board of directors or by an officer so authorized by the board.  [Signature of an officer chairman of the board.]
(Signature of an officer, chairman or vice chairman of the board) (Date)
C. Dayl Couff V.P. (Printed or typed'name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.  C I Corporation System  By:
(Signature of Agent) (Date)
James A. Bordonaro Assistant Secretary
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***

P.O. Box 6327

TALLARASSEE, FL 32314

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