Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : US CORPWORKS INC.

Account Number : I20070000066

Phone

: (303)393-8800

Fax Number : (303)393-8900

REGISTERED AGENT CHANGE

CONTROLLED PRODUCTS SYSTEMS GROUP, INC.

Certificate of Status	0
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Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta inge is submitted for a corporation organized under the laws of the State of DE r to change its registered office or registered agent, or both, in the State of Flor			
	the corporation: Controlled Products Systems Group, Inc.	riaa.		
	office address: 5000 Osage Street, Suite 500			
Denver, CC		· ·		
3. The mailing a	ddress (if different):			
		J _S	0	
4. Date of incorp	poration/qualification: 12/21/2001 Document number: F020000	000104	9 M.	
	street address of the current registered agent and registered office on file with timent of State:		AR -3	FIL
	CT Corporation System	F F	A	ED
	1200 South Pine Island Road	STA	II: 33	
	Plantation, FL 33324	PA FE	ឌ	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	e		
	NRAI Services, Inc.			
	2731 Executive Park Drive, Suite 4			
	(P.O. Box NOT acceptable)			
	Weston, FL 33331			
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registered a	gent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an or ne board, or the corporation has been notified in writing of the change.	fficer so		
Signah	Ray Elliott, Secretary (Printed or typed hame and title	8)		
I hereby accept I further agree of of my duties, an document is bei corporation has	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 complet I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change.	lete perform agent. Or, confirm the	nance if this it the	
- Clu	gnature of Registered Agent) (Date)			
	chalf of an entity:			
	low, 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 (8/05)