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REGISTERED AGENT CHANGE CLA USA INC.

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Blectronic Filing Menu

1

Corporate Filing Menu

Help

LEB Q.3 JOIS T. ROBERTS

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida \S inge is submitted for a corporation organized under the laws of the State of $oxedsymbol{ extstyle \textstyle \textsty$	
	r to change its registered office or registered agent, or both, in the State of Fi	
1. The name of t	he corporation: CLA USA INC.	,
2. The principal Frisco, TX	office address: 9300 Wade Blvd Ste 100	
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: Mar 10, 2003 Document number: FO	3000001182
	street address of the current registered agent and registered office on file with truent of State: (If resigned, enter resigned)	ihc
	CT Corporation System	TO TO THE
	1200 South Pine Island Road	AARE A
	Plantation, Florida 33324	AASS RO
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office the street of the new registered agent (if changed) and /or registered office the street of the street	M 9: 33
	165 Office Plaza Drive,	
	P.O. Box NOT acceptable Tallahassee, Florida 32301	
The street address changed will	ss of its registered office and the street address of the business office of its be identical.	egistered agent,
<i>7</i> 1	is authorized by resolution duly adopted by its board of directors or by unly board, or the corporation has been notified in writing of the change.	1
- Committee	Charles A Loper III	President
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity of comply with the provisions of all statutes relative to the proper and comply with the proper and comply with the proper and comply and familiar with and accept the obligation of my position as registered agreed agree address. I hereholder notified in writing of this change.	plete performance lagent. Or, if this y confirm that the
	1/30/2013	Z
H = H = H	half of an entity:	
	son, Assistant Secretary	
	yped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	
M CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL.3	32314