Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000261189 3)))



H110002811893ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850) 224-1640

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

REGISTERED AGENT CHANGE KENDALL/HEATON/ASSOCIATES, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35.00	

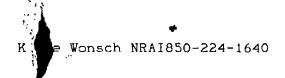
V-I PH

Electronic Filing Menu

Corporate Filing Menu

Help

11-2-11



H110002611893

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

statement of ch	ange is submitted for a	corporation organiz	, 607.1508, or 617.1508, FT ander the laws of the Sta ed agent, or both, in the Sta	nte of Texas	this	
1. The name of	ATES, INC	<u>}. </u>				
	l office address: <u>3050</u> TX 77056		Suite 1000			
3. The mailing	address (if different):_			· · · · · · · · · · · · · · · · · · ·		
4. Date of incom	F07000	000617				
	d street address of the rtment of State: (If res		ent and registered office on)	file with the		
	CT Corporation	System		·		
	1200 South Pine	e Island Road		Ì	三名 🖻	
	Plantation, Flori	da 33324			5	¢0°
6. The name an (if changed):	d street address of the		(if changed) and /or register	red office	STOCKE TARY OF STA	- E
	National Corpor	ate Research, Ltd	d., Inc			ا لا
	515 East Park A	lvenue,		_	31 A.15	<u>.</u>
		P.O. Box NOT	acceptable	<u></u>	李潔 5	
	Tallahassee, Flo	orida 32301	<u></u>	<u>-</u>		
The street addr as changed wil	ress of its registered o	ffice and the street a	ddress of the business offic	ce of its regist	cred agent,	
Such change wanthorized by	vas authorized by reso the board, or the corp	olution duly adopted oration has been not	by its board of directors or ified in writing of the chan	by an officer ge.	? 50	
			William D. Kenda	all, Presi	ldent	
I hereby accep I jurther agree of my duties, a document is be corporation ha	of the appointment as to comply with the p and I am familiar with ting filed merely to re as been notified in wr	registered agent and rovisions of all statu and accept the oblic flect a change in the iting of this change.	l agree to act in this capacites relative to the proper a gation of my position as refregistered office address,		performance L. Or, if this irm that the	
- F 81	grinning of Registered Agent					
M signing on b	chalf of an entity:					
7 - T	wson, Assistant S	ecretary				
	Typod or Printed Name					
		* * * FILING FE	E: \$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)