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R.A. Chg.

OCT 2 7 2011

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE : 949986

7853936

AUTHORIZATION

COST LIMIT

ORDER DATE: October 18, 2011

ORDER TIME : 3:17 PM

ORDER NO. : 949986-003

CUSTOMER NO: 7853936

## CHANGE OF AGENT

NAME:

DALLAS-FORT WORTH HOSPITAL

COUNCIL VENTURES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Froy Todd Stephanie milnes × 2920

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, t ized under the laws of the State of <u>Texas</u> ered agent, or both, in the State of Florida.	his
1. The name of	the corporation: DALLAS-FORT WO	RTH HOSPITAL COUNCIL VENTUI	RES, INC
2. The principal	office address: 250 Decker Drive, Irvi	ng TX 75062	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 04/09/2007	Document number: F07000002183	
	d street address of the current registered aptrement of State:	gent and registered office on file with the	
	NRAI Services, Inc.		
	515 E. Park Avenue		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Tallahassee FL 32301		ASHBE
6. The name and (if changed):	d street address of the new registered agen	it (if changed) and /or registered office	ESHETARY OF SOR
	Corporation Service Company		OF STATE PN 14: 36
	1201 Hays Street		20 ATE
	(P.O. Box NOT acceptable)	· · · · · · · · · · · · · · · · · · ·	A.C.
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street lbe identical.	address of the business office of its register	ed agent,
Such change wanthorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer stified in writing of the change.	o
	eren falfall	Maureen Cathell, Vice President	
I hereby accept I further agree of my duties, ar document is bel corporation has	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change, on Service Company	(Printed or typed name and title)  d agree to act in this capacity, ites relative to the proper and complete per gation of my position as registered agent, e registered office address, I hereby confirm	rformance Or, if this n that the
By: C	S S S S S S S S S S S S S S S S S S S	10/18/2011	
) (Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
Sylvia Quepp	<u> </u>		
. (1	Гуреd or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*