

F1000000/443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

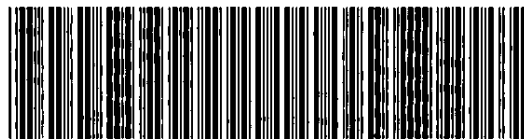
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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APRO  
6/16/10  
TL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vizada, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F10000001443

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Spencer  
Name of Contact Person

Vizada, Inc.  
Firm/Company

2600 Tower Oaks Boulevard, Suite 700  
Address

Rockville, MD 20852  
City/State and Zip Code

barbara.spencer@vizada.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Spencer at ( 301 ) 838-7760  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vizada, Inc.
2. The principal office address: 2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 22, 2010 Document number: F10000001443
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Eric Verheylewegen

12555 Orange Drive, Suite 267

Davie, FL 33330

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

P.O. Box NOT acceptable

Weston, Florida 33331

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 resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Barbara Spencer  
Signature of an officer or director

Barbara Spencer, Secretary  
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

B. April Brady  
Signature of Registered Agent

June 17, 2010  
Date

If signing on behalf of an entity:

NRAI Services, Inc.  
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)

APPROVED  
AND  
FILED  
10 JUN 14 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA