

F97000005054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

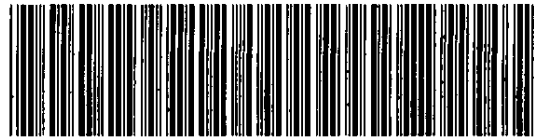
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400176322214

Change

04/23/10--01016--018 **35.00

FILED
2010 MAY 17 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR
5/17/10

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2010

Linda Stauffer
NRAI Corporate Services
16055 Space Center Blvd., Suite 235
Houston, TX 77062

*Resent form
to Lorie 4/20/10*

SUBJECT: EXPLUS, INC.
Ref. Number: F97000005054

We have received your document for EXPLUS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for an alien business organization and your entity is a foreign (out of state) corporation. I have enclosed the correct form for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 110A00010298

RECEIVED
2010 MAY 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Thank you!
Linda Stauffer*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Explus, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F97000005054

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:

Linda Stauffer
(Name of Contact Person)

NRAI Corporate Services
(Firm/Company)

16055 Space Center Blvd., Suite 235
(Address)

Houston, Texas 77062
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Stauffer at (800) 862-5438
(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 Virginia _____, in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Explus, Inc.
2. The principal office address: 44156 Mecure Circle, Sterling, VA 20166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/26/1997 Document number: F97000005054
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

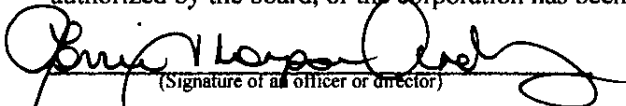
(P.O. Box NOT acceptable)

Weston, FL 33331

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2010 MAY 17 PM 4:49
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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

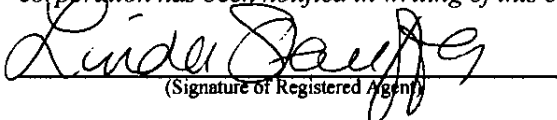
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Lorrie Thompson Andrews, 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.


(Signature of Registered Agent)

5/12/10
(Date)

If signing on behalf of an entity:

Linda Stauffer, Assistant 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)