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CITTA NICIES

REGISTERED AGENT CHANGE

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

Pursuant to the	e provisions of sections o	607,0502, 617.050.	2, 607.15	08, or 617.1508, Flor	ida Statutes,		
this statement o	f change is submitted for	a corporation orga	anized un	der the laws of the Sta	te of		
Colorado	in order to change	e its registered off	ice or reg	istered agent, or both	, in the State		
of Florida.	*			·			
I. The name of	the corporation: Informati	ion Management Rese	earch, Inc				
2. The principal	l office address: 6025 Sou	th Quebec Street, Eng	elewood, C	0 80111	····		
3. The mailing	address (if different);						
		<u> </u>			1. U. S		
4. Date of incom	poration/qualification: 12	/14/1998	Docu	ment number: F980000	06780		
	d street address of the our atment of State:	rent registered age	ent and reg	pistered office on file v	with the		
	Cc	erporation Service Con	mpany				
		1201 Hayes Street	t .				
		Tallahassee, FL 323	101				
6. The name a changed):	nd street address of the z		,	anged) and /or register	red office (if		
	<u></u>	C T Corporation Syst	tem				
		o C T Corporation Sy					
	(P.O. Box or parsonal mailbox NOT acceptable)						
	1200 South Pin	e Island Road, Planta	tion, Florid	a 33324			
The street addragont, as chang	ess of its registered office ed will be identical.	and the street add	iress of th	ne business office of it	s registered		
Such change wanthorized by t	as authorized by resolutions board.	<i>n</i> .		, "	officer so		
(Signature of an outre	charman or vice charman of the bo	Peter	Galliag	en Secretary			
I hereby accept I further agree performance of registered agen office address,	the appointment as regis to comply with the provis my duites, and I am fam i. Or, if this document is I hereby confirm that the	stered agent and a sions of all statutes iliar with and acce being filed merely	gree to ac s relative spt the ob v to reflec	et in this capacity. to the proper and con ligation of my position at a change in the reat	nplete n as stered hange.		
СT	Corporation System				~		
By: JY LEda	ignature of Registered Agent)		1-15-	(Date)			
If signing on behal	if of an entity:						
Hied: 1	1 Liesch		455t	Secretary			
	Typed or Printed Name)			(Capacity)			

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Hox 6327, Tallahassee, FL 32314

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