11030000003892

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	iment Number)	
. Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

A. LUNT

FEB 24 2010

EXAMINER

Office Use Only



800169785308



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 293061 7747195

AUTHORIZATION

COST LIMIT

ORDER DATE: February 23, 2010

ORDER TIME : 12:25 PM

ORDER NO. : 293061-003

CUSTOMER NO: 7747195

CHANGE OF AGENT

NAME: UNIVERSAL DATA SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Naı	me of the limited liability company: UNIVERSA	L DATA SERVICES, LLC		
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	St. Joseph, MO 64501		
,	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	AH A V S		
		7/2003	M03000003892	OF S 72	
3.	Dat	te of filing/registration in Florida	4. Document number	<u>≥</u> 37	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	C T Corporation System		
		Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	***************************************	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NEW Registered Agent:	Corporation Service Company		
			1201 Hays Street		
		IMOST DE PERMENSINE APPRESS	Tallahassee ,FL 323	01	
that offi her liab lim	ce eby ilit itec	imited liability company is not organized under the left the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the	husiness	
•		or typed name of signee)	<u>.</u>		
7 1.	erę	by accept the appointment as registered agent and a with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position or, if this document is being filed to merely reflect a continuous in that the limited liability company has been notified apporation Service Company	gree to act in this capacity. I further ag	ree to	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00