

PO4000139490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

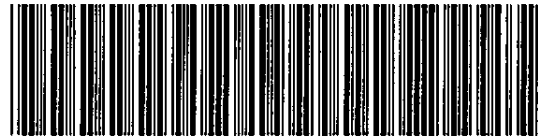
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RA  
Change

12/12/06--01038--023 \*\*35.00

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2006 DEC 12 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bob  
12/14/06



**NATIONAL  
REGISTERED  
AGENTS, INC.**

National Registered Agents, Inc.  
11600 College Boulevard  
Suite 210  
Overland Park, KS 66210  
800.550.6724  
Fax 913.851.0713

December 8, 2006

Secretary of State Florida  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Selective Perceptions, Inc.  
Statement of Change of Registered Office and/or Registered Agent

Dear Sir/Madam:

For the purposes of changing the registered office and/or registered agent of the above captioned Selective Perceptions, Inc., enclosed herewith, in duplicate, is a Statement of Change of Registered Office and/or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Cordially,

Xonda Diven

Enclosure - Check

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Selective Perceptions, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000139390

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:

Xonda Diven  
(Name of Contact Person)

National Registered Agents, Inc.  
(Firm/Company)

11600 College Blvd, Suite 210  
(Address)

Overland Park, KS 66210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Xonda Diven at ( 800 ) 550-6724 ext 521  
(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Selective Perceptions, Inc.
2. The principal office address: 2121 Corporate Square Blvd, Suite 144  
Jacksonville, FL 32216
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/7/2004 Document number: P04000139990

5. The name and street address of the current registered agent and registered office on file with Florida Department of State:

Lawrence Roker  
13546 31st Road  
Loxahatchee, FL 33473

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SECRETARY OF STATE

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

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]  
(Signature of an officer or director)

Erick J. Roker Director  
(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.*

NRAI SERVICES, INC  
By: [Signature]  
(Signature of Registered Agent)

December 5, 2006  
(Date)

If signing on behalf of an entity:

NRAI Services, Inc.  
(Typed or Printed Name)

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