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SECRETARY OF STATE

RA. Change

S. Soulifiette APR 1 0 2008



ACCOUNT NO. : 072100000032 REFERENCE : 521421 7275439 AUTHORIZATION COST LIMIT : ORDER DATE: April 9, 2008 ORDER TIME : 4:30 PM ORDER NO. : 521421-170 CUSTOMER NO: 7275439 CHANGE OF AGENT NAME: DECISIONHR IX, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Debbie Skipper -- EXT# 2948 EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ	ized under the laws of t	the State of FLO	RIDA		
	r to change its registered office or registe	ered agent, or both, in t	he State of Flori	da.		
1. The name of	he corporation: DECISIONHR IX, INC.					
2. The principal	office address: 12395 FIRST AMERICA	AN WAY				
POWAY, CA	92064					
	ddress (if different): ATTN: Legal I			Corpo	ratio	on
	oration/qualification: 04/14/2005			59		
	street address of the current registered agtment of State:	gent and registered offic	ce on file with th	ıe		
	PETER B. NEWMAN					
	1 PROGRESS PLAZA, SUITE 500		SE	90		
	ST. PETERSBURG, FL 33701				APR	¢
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or re	egistered office	TARY OF	08 APR 10 AM	
	Corporation Service Company			יי נידיי	ب	į,
	1201 Hays Street			STATE LORID	91	
	(P.O. Box NOT acceptable)			₩ *>		
	Tallahassee, FL 32301		•			
The street addre as changed will	ss of its registered office and the street abe identical.	address of the business	office of its rep	gistered a	igent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directorified in writing of the	ors or by an offi change.	cer so		
My 7	BRET T. JARDINE, ASST. SEC.		SST. SEC.			
,	e of an officer or director)		yped name and title)			
I hereby accept i I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and be comply with the provisions of all statud I am familiar with and accept the oblige filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this ca tes relative to the prop gation of my position a registered office addr	ipacity. ver and complei is registered ag ·ess, I hereby co	te perforr ent. Or, onfirm the	nance if this at the	
Corporation By:	Service Company	4/8/2	38			
· //\	nature of Registered Agent)		Date)	·····		
If signing on bel	alf of an entity:					
DEBORAH D. SI	KIPPER ASST VP	`			•	
(7)	ped or Printed Name)					
	+ + + 1200 anico abido	r. 625 AA + + +				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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