## P18779

٠, (	Requestor's Name)	
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(1	City/State/Zip/Phone #)	<del></del>
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> MAY 2.5 2012 T. LEMIEUX



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE: 199752

4714516

AUTHORIZATION :

COST LIMIT

ORDER DATE: May 10, 2012

ORDER TIME : 10:13 AM

ORDER NO. : 199752-001

CUSTOMER NO: 4714516

## CHANGE OF AGENT

NAME: ENGHOUSE INTERACTIVE INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

•	•	2, 607.1508, or 617.1508, Florida Statutes, this zeed under the laws of the State of Delaware	
in order to cha	nge its registered office or registe	red agent, or both, in the State of Florida.	
1. The name of the corp	oration: ENGHOUSE INTERA	ACTIVE INC	
		Rd., Ste. 110, Phoenix, AZ 85027 US	
3. The mailing address (	if different): 16619 N. Black Ca	anyon Hwy, Ste. 100, Phoenix, AZ 85053	
4. Date of incorporation	/qualification: 04/11/1988	Document number: P18779	
5. The name and street a Florida Department of		ent and registered office on file with the	
CT Co	CT Corporation System		
1200 S. Pine Island Road			
Plantation, FL 33324 US			
6. The name and street a (if changed):	ddress of the new registered agent	(if changed) and /or registered office	
Corpo	ration Service Company		
1201 I	Hays Street		
<u></u>	(P.O. Box NOT acceptable)		
<u>Tallah</u>	assee, FL 32301		
The street address of its as changed will be iden	registered office and the street a	ddress of the business office of its registered agent,	
Such change was authorauthorized by the board	rized by resolution duly adopted, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Male (Signature of an of	eHell	Maureen Cathell, Vice President (Printed or typed name and title)	
	ointment as registered agent and ly with the provisions of all statu amiliar with and accept the oblig merely to reflect a change in the otified in writing of this change.	l agree to act in this capacity, tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
By: Sal Cum	as Company	05/23/2012	
Signature WY	Registered Agent)	(Date)	
If signing on behalf of a	n entity:		
Sylvia Queppet, Asst.			
(Typed or Pr	inted Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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