

P28598

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0380 *TNS*

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

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REGISTERED AGENT CHANGE

CORPAMERICA, INC.

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DIVISION OF CORPORATIONS

Certificate of Status	0
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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CORPUSCICA, INC.
- 2. The principal office address: c/o Corporation Service Company, 1201 Rays Street,
Tallahassee, FL 32301
- 3. The mailing address (if different): c/o Corporation Service Company, 1201 Rays Street,
Tallahassee, FL 32301
- 4. Date of incorporation/qualification: March 22, 1990 Document number: 228598
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Carolyn E. McKown
416 N.E. 15 Street
Fort Lauderdale, FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Rays Street
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

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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] Winda Hatchford, Vice President
(Signature of officer, chairman or vice chairman in the board) (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.

Laura R. Dunlap 8-8-03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: Laura R. Dunlap
as its agent
(Typed or Printed Name) (Capacity)

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

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