P29726

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FILING REQUEST

December 2, 2005

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

PLATO, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 21263 FOR \$35.00

Return Via:

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ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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

•		17.0502, 607.1508, or 617.1508, Florida Statutes,	this statement of
		nder the laws of the State of Delaware	in order
to change its regi	stered office or registered agent,	or both, in the State of Florida.	
1. The name of the	ne corporation: PLATO, Inc.		
2. The principal of	office address: 10801 Nesbitt Av	ve South, Bloomington MN 55437	G. G.
			(C) (B)
3. The mailing ac	ldress (if different):		1
			36.
4. Date of incorporate	oration/qualification: 06/13/1990	Document number: P29726	75 cs
5. The name and Florida Depart		ered agent and registered office on file with the	ORIGA
	CT Corporation System		_
	1200 S Pine Island Rd		_
	Plantation, FL 33324		_
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	
	NRAI Services, Inc.		_
	2731 Executive Park Drive, S	Suite 4	
·	(P.O. Box or p	ersonal mailbox NOT acceptable)	_
-	Weston, FL 33331		<u> </u>
The street addres	s of its registered office and the dentical.	street address of the business office of its registe	ered agent, as
Such change was the board, or the	authorized by resolution duly a corporation has been notified in	dopted by its board of directors or by an officer writing of the change.	so authorized by
<u></u>	gnature of an officer or director)	Robert J. Rueckl, Vice Preside	
I hereby accept to I further agree to duties, and I am being filed merel been notified in v	he appointment as registered ago comply with the provisions of a familiar with and accept the obli y to reflect a change in the regis writing of this change.	ent and agree to act in this capacity. Il statutes relative to the proper and complete pe igation of my position as registered agent. Or, i tered office address, I hereby confirm that the co	•
NRAI Services, by:	S. S. M. Hebby Signature of Registered Agent)		·
If signing on beh	alf of an entity:		
Melissa Hobbs		Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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