## P97000023799

| (Re                     | equestor's Name)       |      |  |  |
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|                         |                        |      |  |  |
| (Ad                     | ldress)                |      |  |  |
|                         |                        |      |  |  |
| (Ad                     | ldress)                |      |  |  |
|                         |                        |      |  |  |
| (Cit                    | ty/State/Zip/Phone     | e #) |  |  |
| PICK-UP                 | WAIT                   | MAIL |  |  |
|                         |                        |      |  |  |
| (Bu                     | isiness Entity Nan     | ne)  |  |  |
|                         |                        |      |  |  |
| (Do                     | cument Number)         |      |  |  |
|                         |                        |      |  |  |
| Certified Copies        | Certificates of Status |      |  |  |
|                         |                        |      |  |  |
| Special Instructions to | Filing Officer:        |      |  |  |
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Office Use Only



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Bullen



## Filing Transmittal Form

| To:<br>Order #:   | Florida Departme<br>RL-SL4045 | nt of State        |               | From:<br>Date: | Renee Luke<br>March 30, 2010 |                                       |  |
|---|-------------------------------|--------------------|---------------|----------------|------------------------------|---------------------------------------|--|
| Target Nar  | ne                            |                    |               |                |                              | Dom Juris                             |  |
| IMS Publis  |                               |                    |               |                |                              | FL                                    |  |
| Attached for filing, please find the following:   |                               |                    |               |                |                              |                                       |  |
| Change of Agetn   |                               |                    |               |                |                              |                                       |  |
| Type of Se  | rvice:                        |                    |               |                |                              |                                       |  |
| ☐ Same  | Day 🔲 24 Ho                   | our 🛛 🖾 Rout       | ine 🔲 🤇       | Other:         |                              |                                       |  |
| Please retu   | ırn the original evi          | dence to the follo | wing          |                |                              |                                       |  |
| Renee Luke  |                               | dence to the folia | Jung.         |                | <del></del>                  |                                       |  |
|   | rate Services, Inc.           |                    |               |                |                              |                                       |  |
|   | rrel Road, Suite 245          |                    |               |                |                              |                                       |  |
| Auburn Hill   | s, MI 48326                   |                    |               |                |                              |                                       |  |
|   |                               |                    |               |                |                              | !                                     |  |
| C!! 1 1   |                               |                    |               |                | · <del></del>                |                                       |  |
| Special Instructions/Notes:  Please return search certificate to me via US Mail at the address above. |                               |                    |               |                |                              |                                       |  |
|   | in scarcii certinea           | ite to me via os n | ian at the at | auicss         | above.                       |                                       |  |
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|   |                               |                    |               | <del></del>    |                              |                                       |  |
| Please Sen  | d Via:                        |                    |               |                |                              |                                       |  |
| ☐ Email:  |                               | ☐ Fax:             | ☐ FedEx       |                | ⊠ Mail                       | · · · · · · · · · · · · · · · · · · · |  |
|   |                               | <u> </u>           | Acct #        | <u> </u>       | <u> </u>                     |                                       |  |
|   |                               |                    |               |                |                              |                                       |  |

Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!

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

| statement of cha   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statinge is submitted for a corporation organized under the laws of the State of $\underline{Flo}$ represents to change its registered office or registered agent, or both, in the State of Flor   | rida                                 |                           |               |
|--|--|--------------------------------------|---------------------------|---------------|
| 1. The name of t   | the corporation: IMS Publishing, Inc.  |                                      |                           |               |
| 2. The principal   | office address: 1850 SE 17th Street, Suite 310, Fort Lauderdale, FL 333  | 16                                   |                           |               |
|  |  |                                      |                           | <del></del>   |
| 3. The mailing a   | ddress (if different): Same  | <del></del>                          | <u>-</u> .                |               |
| 4. Date of incorp  | poration/qualification: 3/17/97 Document number: P97000023   | 799                                  |                           |               |
|  | I street address of the current registered agent and registered office on file with the timent of State:   | he                                   |                           |               |
|  | Corporation Service Company  |                                      |                           |               |
|  | 1201 Hays St.  |                                      |                           |               |
|  | Tallahassee, FL 32301  | SEUM.<br>ALLAH                       | 10 APR -5                 |               |
| 6. The name and (if changed):  | d street address of the new registered agent (if changed) and /or registered office  | ASSEE,                               | R-5 PH                    | FILED         |
|  | NRAI Services, Inc.  | <u></u>                              | ;;<br>-                   | Ū             |
|  | 2731 Executive Park Drive, Suite 4   | ASSET                                | 35                        |               |
|  | (P.O. Box NOT acceptable)  |                                      |                           |               |
| The street addre   | Weston, FL 33331  s of its registered office and the street address of the business office of its replacement.   | egistered                            | agent,                    | ,             |
| Such change wa<br>authorized by th   | as authorized by resolution duly adopted by its board of directors or by an of board, or the corporation has been notified in writing of the change.   | ficer so                             |                           |               |
| (Signatu   | Brian Jellstra  (Printed or typed name and title)  | )uz                                  |                           |               |
| I further agree to<br>of my duties an<br>document by beil<br>corporation has | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby to been holding in writing of this change. | ete perfoi<br>gent. Or<br>confirm ti | manc<br>if thi<br>hat the | re<br>is<br>e |
| NRAIISM<br>By:   | 3-25-10  |                                      |                           |               |
| <del></del>  | gnature of Registered Agent) (Date)  |                                      |                           |               |
| Bren   | chalf of an entity:  Note that the Asst. Secretary  Typed or Printed 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 \* \* \*