## B9300000033

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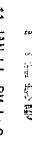
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## December 29, 2010

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Despatch Industries Limited Partnership Dear Sir/Madam:

RE:

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely,

Colleen McMahon

Colleen Mr Mchon

Client Service Specialist

**ENCLOSURE** REGULAR MAIL

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida

1	Despatch Indust			<del> </del>		
. N	ame of Limited Partnership or	Limited Liabi	lity Lim	ited Partners	ship	
2	3/8/1993		3. B9300000053			
Date of filing/registration in Florida			Florida document number			
<ol> <li>The name of the r Department of State:</li> </ol>	egistered agent and the registe	ered office add	ress as s	hown on the	records of the Florida	
	THE PRENTICE-HALL C	ORPORATIO	N SYS	TEM, INC.		
		Name				
	1201 HAY	S ST., STE 1	05			
	P	Address				
	TALLAHASSEE	FL	3	2301		
	City, S	state and Zip				
i. The name and Flo	rida street address of the new	registered ager	nt and/o	r office:		
	National Corpora	te Researc	h, Ltd	., Inc.		
		Name	_			
	515 East	Park Aven	ue			
	Florida street address	(P.O. Box not	accepts	ible)		
	Tallahasse	е	FL_	32301		
	City, S	tate and Zip				
i. Such change(s) is/	are effective when filed by the	: Florida Depa	rtment c	of State.		

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50

and the same