

## F0000000872

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**EXAMINER** 



N SERVICE COMPANY	ACCOUNT NO.	:	12000000195
	REFERENCE	:	
	AUTHORIZATION	:	Souldelenan
	COST LIMIT	:	\$ 35.00
ORDER DATE :	August 11, 2009		
ORDER TIME :	9:14 AM		
ORDER NO. :	093226-099		
CUSTOMER NO:	7408659		
<b></b>			
	CHANGE OF A	GEN	NT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY

NAME: ALLIANT SERVICES HOUSTON, INC.

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for a corporation	n organiz	, 607.1508, or 617.1508, Florida Statutes, to seed under the laws of the State of $\frac{\text{New Ye}}{\text{red}}$ agent, or both, in the State of Florida.			
1. The name of	the corporation: ALLIANT S	ERVI	CES HOUSTON, INC.			
2. The principal 5847 San	office address:Felipe, Suite 2750, Hous	ton, T	X 77057			
_	nddress (if different): reet, 6th Floor, San Diego	, CA 9	92101			
4. Date of incorp	poration/qualification: 02/16/20	000	Document number: F000000087	'2		
	d street address of the current registerment of State:	stered age	ent and registered office on file with the			
	NRAI Services, Inc.					
	2731 Executive Park Drive, Suite 4					
	Weston, FL 33331			106 21		
6. The name and (if changed):	d street address of the new register	ed agent	(if changed) and /or registered office	09 AUG 21 PH 12: 15		
	Corporation Service Con	npany				
	1201 Hays Street					
	(P.O. Box NOT as	cceptable)				
	Tallahassee, FL 32301					
The street addre as changed will	ess of its registered office and the be identical.	street a	ddress of the business office of its register	ed agent,		
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted been noti	by its board of directors or by an officer so fied in writing of the change.	)		
Mour (Signatu	ean Cullanic of an officer or director)	-	Maureen Cullen, Attorney in fac	<u>t</u>		
l further agree t of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this control of the c	gent and all statut the oblig ge in the thange.	agree to act in this capacity. es relative to the proper and complete per ation of my position as registered agent. registered office address, I hereby confirn	formance Or, if this 1 that the		
By!\ \ \\	cion Service Company  Challe Tompany  Challe Tompany  Challe Tompany  Challe Tompany  Challe Tompany  Challe Tompany	4	August 18, 2009	· <del> :</del>		
If signing on bel	half of an entity:	V				
	Vannoy, Asst. VP	_				
(Т	yped 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 \* \* \*