F00000004326

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RA Chg. UB 9/14

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: FundsXpress Financial Network, Inc. (Name of corporation)				
(ivaline of corporation)				
DOCUMENT NUMBER: F00000004326				
The enclosed Statement of Change of Registered Office/Agent and fee are s	ubmitted for filing.			
Please return all correspondence concerning this matter to the following:				
Sabrina Tillapaugh				
(Name of person)				
US CorpWorks Inc.				
(Name of firm/company)				
1638 Pennsylvania Street				
(Address)				
Danier (10 90902				
Denver, CO 80203 (City/state and zip code)				
For further information concerning this matter, please call:				
Sabrina Tillapaugh at (_303) 393.8800 a code & daytime telephone number)			
(Name of person) (Are	a code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: So	reet Address:			
Mailing Address: Seamond Amendment Section A	treet Address: mendment Section			
Division of Corporations D P.O. Box 6327 40	ivision of Corporations 09 E. Gaines Street			
Tallahassee FT 37314	allahassee FL 32399			

CR2E045(09/03)

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, th	ris statement of
change is subm	itted for a corporation organized	under the laws of the State of Texas	in order
to change its re	gistered office or registered agen	st, or both, in the State of Florida.	
1. The name of	the corporation: FundsXpress	Financial Network, Inc.	
2. The principal	office address: 11950 Jollyvill	e Road, Austin, TX 78759-2309	
			\$5
3 The mailing :	address (if different):		
S. The manning (addioss (ir different).		T.F.
4. Date of incor	poration/qualification: August 1	, 2000 Document number: F00000004326	- Chi
	d street address of the current regrement of State:	istered agent and registered office on file with the	4 Lo
	CT Corporation System		
	1200 South Pine Island Road	1	
	Plantation, FL 33324		
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	
	NRAI Services, Inc.		
	526 E. Park Avenue		
	(P.O. Box e	or personal mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addrechanged will be	ess of its registered office and the identical.	he street address of the business office of its register	ed agent, as
Such change withe board, or the	as authorized by resolution duly e corporation has been notified	adopted by its board of directors or by an officer so in writing of the change.	authorized by
	Medical Collicer of director)	Jonathan Dorton, Exec. VP and (Printed or typed name and till	
I hereby accept I further agree duties, and I an being filed mer been notified in NRAI Services by:	the appointment as registered to comply with the provisions on familiar with and accept the old to reflect a change in the reference writing of this change.	agent and agree to act in this capacity. f all statutes relative to the proper and complete per bligation of my position as registered agent. Or, if gistered office address, I hereby confirm that the cor August 4, 2004	•
-3. / W	(Signature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Michael Mirri	one	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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