

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

count Name

: CORPORATION SERVICE COMPANY

Sount Number : I2000000195

: (850)521-1000

: (850)558-1575

REGISTERED AGENT CHANGE

FUNDSXPRESS FINANCIAL NETWORK, INC.

Certificate of Status	0
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STATEMEN	NT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO FOR CORPORATIONS	HTC		
	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this			
	ange is submitted for a corporation organized under the laws of the State of Texas			
	er to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of	the corporation:_FUNDSXPRESS FINANCIAL NETWORK, INC.			,
2. The principal	l office address:11950 Jollyville Road			
	78759-2309			,
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: August 1, 2000 Document number: F00000004326			•
	d street address of the current registered agent and registered office on file with the artment of State:			
	NRAI Services, Inc.			
	4, 2731 EXECUTIVE PARK DRIVE	i COP	0	
	WESTON, FL 33331		<b>7</b> ≥	
6. The name an (if changed):	ad street address of the new registered agent (if changed) and /or registered office	A PART	NDV 16	FILE
	Corporation Service Company	ررس ان دفاق ان	32	
	1201 Hays Street	FSTATE	<u>ب</u>	
	(P.Q. Box NOT enceptable)	훒	<u></u>	
	Tallahassee, FL 32301		Ų,	
The street addr	ress of its registered office and the street address of the business office of its registered all be identical.	igent,		
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.			
1 me	Gretchen Herron, Assistant Secretary  (Printed or typed name and type)			
I hereby accept I further agree of my duties, as document is be corporation ha	t 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 complete perform not I am familiar with and accept the obligation of my position as registered agent. Or, sing filed merely to reflect a change in the registered office address, I hereby confirm the is been notified in writing of this change.  ervice Company	nance if this at the		
John	Ignature of Registered Agent) (Date)			
If signing on be	chalf of an entity:			
John H. Pellet				•
(	(Typed or Printed Name) Assistant Vice President			

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 \* \* \*