

Florida Department of State

Division of Corporations Public Access System

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(((H08000236652 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878~5926

REGISTERED AGENT CHANGE

CHOICEPOINT PUBLIC RECORDS INC.

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\$87.50

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

10/15/2008



October 16, 2008

FLORIDA DEPARTMENT OF STATE

CHOICEPOINT PUBLIC RECORDS INC.

Division of Corporations
1000 ALDERMAN DRIVE
ALPHARETTA, CA 30005

SUBJECT: CHOICEPOINT PUBLIC RECORDS INC.

REF: F00000006918

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H08000236652 Letter Number: 308A00053982

ABBOOT 16 AM B. DO SECHTIARY OF STATE Please date
10/15/08

P.O BOX 6327 - Tallahassee, Florida 32314

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

statement of chai	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz to change its registered office or register	red under the laws of the State of G	eorgia 🖪
1. The name of the	he corporation: ChoicePoint Public Records	i Inc.	
2. The principal	office address: 1000 Alderman Drive, Alpha	aretta, Georgia 30005	
3. The mailing a	ddress (if different):		W-11
4. Date of incorp	oration/qualification: 12/14/2000	Document number: F00000000	5918
	street address of the current registered age tment of State: (If resigned, enter resigned		i the
	Corporation Service Company		
	1201 Huys Street		8
	Tallahassee, FL 32301		MOCT 15
6. The name and (if changed):	street address of the new registered agent		15 PM 3
	C T Corporation	n System	PM 3: 20
	c/o C T Corporation System, 120	30 South Pine Island Road	語。
	(P.O. Box NOT acceptable) Plantation, Flori	ida 33324	• • • • • • • • • • • • • • • • • • •
as changed will	ess of its registered office and the street a be identical. as authorized by resolution duly adopted the board, or the corporation has been not		
Beneficial (Signation	· ·	Rence P. Simonton, Vice	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the solen nations of this change.	l agree to act in this capacity, nes relative to the proper and com gation of my position as registered registered office address, I hereb	plete performance Lagent. Or, if this by confirm that the
Ву:	Confort Oxford Ystin	10/ 15/08	
If signing on be	chalf of an entity: Joel A. Rodiguez Corporde Ops. Manager Fyped or Printed Name)	(Date)	· .

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)