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TALLAMASSEE, ELORIDA

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3/11/11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 707008

AUTHORIZATION /

COST LIMIT

ORDER DATE: March 14, 2011

ORDER TIME : 9:37 AM

ORDER NO. : 707008-004

CUSTOMER NO: 7353487

## CHANGE OF AGENT

NAME: PROFESSIONAL DATA MANAGEMENT

AGAIN, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

	provisions of sections 607.0302, 617.03 unge is submitted for a corporation orga		
	er to change its registered office or regis		
1. The name of	the corporation: PROFESSIONAL D	OATA MANAGEMENT AGAIN,	INC.
2. The principal	office address: 201 West 103rd Street	et, Suite 420, Indianapolis, IN 462	90
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/08/2001	Document number: F010000	00081
	d street address of the current registered rement of State:	agent and registered office on file with	1 the
	NRAI Services, Inc.		
	515 E. Park Avenue		12 SI
	Tallahassee, FL 32301 US		TOPE TO
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered offic	MINARIT PH 21 SECRETARY OF STA
	Corporation Service Company		21 - STA
	1201 Hays Street		DE CO
	(P.O. Box NOT acceptab	le)	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly adopt ne board, on the corporation has been r	ed by its board of directors or by an contined in writing of the change.	officer so
Denn	1 ANA	Blanca Lozada, Attorney In Fa	act
, , ,	ire of an officer or firector)	(Printed or typed name and tit	ile)
I further agree of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sto I am familiar with and accept the ol- ing filed merely to reflect a change in to s been notified in writing of this chang on Scrvice Company	and agree to act in this capacity, stutes relative to the proper and compligation of my position as registered the registered office address, I herebye.	plete performance agent. Or, if this v confirm that the
By:	-Gan a -	03/15/2011	
Si	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Sylvia Quepp	et, Asst. Vice President		
(7	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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