F01000002901

Registered Agent Solutions, inc. 515 Congress Avenue I Surte 2300 I Austin. TX 78701 Inni best value for Corporate and Registered Agent survices (City/State/Zip/Phone #)						
(Only Glater Liph Holle II)						
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(Business Entity Name)						
(Document Number)	_					
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Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

B.A

1Brown 11-30-11

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

statement of cha	nge is submitted for a co	rporation organizea	07.1508, or 617.1508, Flo Lunder the laws of the Sta Lagent, or both, in the Sta	te of Delaware	
1. The name of t	he corporation: INTEF	RSTATE HIAL	EAH, INC.		
2. The principal	office address: 1300 W	ILSON BLVD S	UITE # 1075		
	ARLIN	GTON VA 22209	9-2145 US		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	05/22/2001	_ Document number:	F01000002901	
	street address of the current of State: (If resigne		and registered office on t	file with the	
	CORPORATION S	ERVICE COMP	ANY		
	1201 HAYS STREE	ΞΤ			
	TALLAHASSEE FL	. 32301-2525		2011 NOV	n
6. The name and (if changed):	street address of the new	v registered agent (if	changed) and /or register	ed office SSE 28	T
	REGISTERED AGE	ENT SOLUTION	IS, INC.	FS	ہُد ارس
	155 Office Plaza D	r. Suite A	wetuble	AHII: 35 OF STATE EFFLORID	
	Tallahassee, FL 32		Сраин		
The street addre	ss of its registered office be identical.	e and the street add	ress of the business offic	ee of its registered agent,	
Such change wa authorized by th	s authorized by resolutive board, on the comporat	on duly adopted by	its board of directors or ed in writing of the chang	by an officer so ge.	
Signatur	e of an officer or director		Ramez Skaff Exec	cutive Treasurer	
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and ag sions of all statutes I accept the obligat t a change in the re of this change.	gree to act in this capacit relative to the proper ar ion of my position as reg gistered office address, l	ly, nd complete performance istered agent. Or, if this I hereby confirm that the	; ;
Att	2		11-21-2011		
_	nature of Registered Agent		Dute		
If signing on bel	half of an entity:				
	pres, Asst. Secretary	<u>/</u>			

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

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