

Division of Corporations

Florida Department of State
 Division of Corporations
 Public Access System
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H090000022623ABCV

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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
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SECRETARY OF STATE
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REGISTERED AGENT CHANGE

SEGUE, INC.

Certificate of Status	0
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Page Count	02
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RA change
 1-6-09

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, this
statement of change is submitted for a corporation organized under the laws of the State of Delaware
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Segue, Inc.
2. The principal office address: 93 NORTH PARK PLACE BLVD, CLEARWATER FL 33759
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/10/2001 Document number: F01000003621
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Karen Luke

19345 US HWY 19 N

Clearwater, FL 33764

6. The name and street address of the new registered agent (if changed) and/or registered office
(if changed):

C T Corporation System

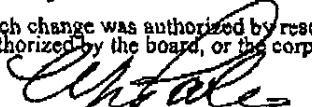
c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

William Poole, Secretary

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

C T Corporation System

By:


(Signature of Registered Agent)

1/5/08
(Date)

If signing on behalf of the corporation:
Chris M. McMan
Assistant Secretary

Assistant Secretary

*** 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)

FL205 - 09/14/2005 C T System Online

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