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Certified Copies		, ,. Certificate	es of Status
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07 OCT -1 AM 9: 20 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TAIL ANALYSES

RECEIVED

C. Couttette OCT 0 1 2997



ACCOUNT NO. : 072100000032

REFERENCE : 249781 7380987

AUTHORIZATION : 35.00

ORDER DATE : September 28, 2007

ORDER TIME : 4:21 PM

ORDER NO. : 249781-470

CUSTOMER NO: 7380987

CHANGE OF AGENT

NAME: CSK PUBLISHING COMPANY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this inized under the laws of the State of Delaware stered agent, or both, in the State of Florida.	_
1. The name of	the corporation: CSK PUBLISHI	NG COMPANY, INC.	
2. The principal	office address: 27500 Riverview	Center Blvd., Suite 400	
	Bonita Springs, F	L 34134	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 9/25/1996	Document number: F0200000814	
	d street address of the current registered artment of State:	agent and registered office on file with the	
	NRAI Services, Inc.		
	2731 Executive Park Drive, S	Suite 4	SI 07
	Weston, FL 33331		7 OCT -1
6. The name and (if changed):		ent (if changed) and /or registered office	子 宝
	Corporation Service Compar	ny	EL 05 2
	1201 Hays Street		RICE
	(P.O. Box NOT acceptab	lc)	
	Tallahassee, FL 32301		
The street addr as changed will	ess of its registered office and the stree l be identical.	et address of the business office of its registered age	ent,
Such change wanthorized by t	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.	
pau	Ston	Douglas J. Bates, Vice President	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent a to comply with the provisions of all stand and I am familiar with and accept the ol- ing filed merely to reflect a change in the s been notified in writing of this chang	(Printed or typed name and title) and agree to act in this capacity. atutes relative to the proper and complete performa bligation of my position as registered agent. Or, if the registered office address, I hereby confirm that e.	ince this the
By: (())	ition Service Company Lorah D. Jepper	9/ <u>88/07</u> (Date)	_
If signing on be	ehalf of an entity:		
	Deborah D. Skippe Asst. V. Pres.	+C	
· ·	* * * FILING F	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)