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EXAMINER



PORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE : 444242

AUTHORIZATION : O

COST LIMIT :

ORDER DATE : July 30, 2010

ORDER TIME : 9:34 AM

ORDER NO. : 444242-030

CUSTOMER NO: 7736905

CHANGE OF AGENT

NAME: MSPS ENTREPRENEURIAL IV, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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 State statement of change is submitted for a corporation organized under the laws of the State of Delinin order to change its registered office or registered agent, or both, in the State of Florida.	aware		
1. The name of the corporation: MSPS ENTREPRENEURIAL IV, INC.			
2. The principal office address: 308 E. Lancaster Avenue, Suite 300, Wynnewood, PA 1	9096-21	45	
3. The mailing address (if different): c/o Donna M. Rittershausen			
308 E. Lancaster Avenue, Suite 300, Wynnewood, PA 19096-2145			
4. Date of incorporation/qualification: 04/17/2002 Document number: F02000001	940		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	ic		
CT Corporation System	·		
1200 S. Pine Island Road		=	
Plantation, FL 33324	CALL AND	0	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	WASEE.	30 產	
Corporation Service Company		=	
1201 Hays Street		100	
(P.O. Box NOT acceptable)	*		
Tallahassee, FL 32301			
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered	agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	icer so		
Blanca Lozada, Attorney in Fact (Signature of an office or director) Blanca Lozada, Attorney in Fact (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 comple of my duties, and I am familiar with and accept the obligation of my position as registered accument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	te perfor zent. Or onfirm th	rmance , if this nat the	
Corporation Service Company By: July 21, 2010 (Signature of Registered Agent) (Date)			
If signing on behalf of an entity:			
Grace E. Kirby, Asst. Vice President (Typed or Printed Name)			

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

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