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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

SECRETARY OF STATE

REGISTERED AGENT CHANGE

C.H. GUERNSEY & COMPANY

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2009 JUN 22 PH 2: 31
SECRETARY OF STATE

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

			
statement of che	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the	State of Oklahoma
1. The name of	the corporation: C.H. GUERNSEY	& COMPANY	
2. The principal	office address: 5555 North Grand	Blvd., C/O Ron Ta	nner, Oklahoma City, OK
73112-55			
3. The mailing s	address (if different):		
4. Date of incor	poration/qualification: 02-28-2003	Document number:	F03000001036
	d street address of the current registered ag riment of State:	gent and registered office	on file with the
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or regi	2009 JUN 22 PH 2: 3 TALLAHASSEE, FLOR sterred office
	Corporation Service Company		REF
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301	···	
The street address changed will	ass of its registated office and the street a be identical.	address of the business of	ffice of its registered agent,
Such change we authorized by th	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors iffed in writing of the ch	or by an officer so ange.
Theel	Me of an original or auroscory	Maureen Cullen,	
/ 4.4	,		न सम्पादन कर्तात sittle)
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu of I am familiar with and accept the oblising filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capt tes relative to the proper gailon of my position as registered office addres.	icity and complete performance registered agent. Or, if this s, I hereby confirm that the
By: San M	tion Service Company	6-1-2009	•
(Sig	mature of Registered Agent)	(Das	9)
(f signing on bel	half of an entity:		
	pet, Assistant VP	•	
(T	ypod or Printed Name) * * * FIT INC PRE	. ድ ንደብብ ቀ ቀ ቀ	
	~ ~ ~ mai.ana(3 k/k/k	C 3.45 IIII * * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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