F0300001081

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CORPORATION SERVICE COMPANY ACCOUNT NO. : 07210000032

REFERENCE: 855328

355328 _5024118

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 12, 2009

ORDER TIME : 9:46 AM

ORDER NO. : 855328-015

CUSTOMER NO: 5024118

CHANGE OF AGENT

NAME:

ADMINISTRATIVE SERVICES

HOLDING CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Delaware er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: ADMINISTRATIVE SERVICES HOLDING CORP.
•	l office address:ge Rd., Tampa, FL 33607
_	address (if different):
4. Date of incor	rporation/qualification: March 5, 2003 Document number: F03000001081
	d street address of the current registered agent and registered office on file with the urtment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	Plantation, FL 33324 d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wauthorized by the (Signal)	the board, or the corporation has been notified in writing of the change. Thomas K. Change Corporation has been notified in writing of the change.
	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.
By///	n Service Company
If signing on be	ehalf of an entity:
	nnoy, Asst. Vice President (Typed or Printed Name)
(* * * 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)