## F0300001290

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Coples	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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01/18/06--01065--008 \*\*35.00

## Bay State Corporate Services, Inc. Six Beacon Street, Ste. 510 Boston, MA 02108 (617) 742-8484 Fax: (617) 742-8482

January 13, 2006

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS Subject name(s): Info Directions, Inc.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Elise Ehrhard

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Info Directions, Inc.				
(Name of corporation)				
DOCUMENT NUMBER: F03000001290				
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
•	<del>-</del>			
Suzanne Cryan				
(Name of person)				
Bay State Corporate Services, Inc.				
(Name of firm/company)				
Six Beacon Street				
(Address)				
Boston, MA 02108 (City/state and zip code)				
` •	d zip code)			
For further information concerning this matter, please call:				
Suzanne Cryan	at ( 617 ) 742-8484 (Area code & daytime telephone number)			
(Name of person)	(Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
<u>Mailing Address:</u>	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street			
Tallahassee, FL 32314	Tallahassee, FL 32399			

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

	rovisions of sections 607.0502, 617.0502, 607.150 ted for a corporation organized under the laws of t	18, or 617.1508, Florida Statutes, this statement of the State of <u>New York</u> in order
to change its regi	istered office or registered agent, or both, in the St	ate of Florida.
1. The name of the	ne corporation: Info Directions, Inc.	
2. The principal of	office address: 833 Phillips Road, Victor, NY 14	564
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 3/13/03 Doc	ument number: F03000001290
5. The name and Florida Depart	street address of the current registered agent and rement of State:	egistered office on file with the
	C T Corporation System	
	1200 South Pine Island Road	141 06 OF
	Plantation, FL 33324	1990年11日
6. The name and (if changed):	street address of the new registered agent (if change	7.0
	NRAI Services, Inc.	
	2731 Executive Park Drive, Suite 4	3
	(P.O. Box or personal mailbox NOT	acceptable)
	Weston, FL 33331	
The street addre	ss of its registered office and the street address o identical.	f the business office of its registered agent, as
Such change wa the board, or the	s authorized by resolution duly adopted by its be corporation has been notified in writing of the c	pard of directors or by an officer so authorized by change.
Susan	ignature of an officer or director)	Susan Sharp, CFO (Printed or typed name and title)
I further agree to duties, and I am being filed mere been notified in NRAI Services, by:	the appointment as registered agent and agree to comply with the provisions of all statutes relate familiar with and accept the obligation of my poly to reflect a change in the registered office addwriting of this change.	•••
Suzanne Cryar		Assistant Secretary
	(Typed or Printed Name)	(Canacity)

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