F03000001363

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DEPARTMENT OF STATE O

SECREMAN OF STATE

RA-Clg. C.COULLIETTE

DEC 08 2011

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 012610 7465954

AUTHORIZATION

COST LIMIT

ORDER DATE: December 2, 2011

ORDER TIME: 10:28 AM

ORDER NO. : 012610-011

CUSTOMER NO: 7465954

CHANGE OF AGENT

NAME: OVERLAND SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Delaward egistered agent, or both, in the State of Florida.		_
1. The name of	the corporation: OVERLAND SO	LUTIONS, INC.		
2. The principal	office address: 10975 Grandview	Drive, Suite 400		
	Park KS 66210			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 3/19/2003	Document number: F03000001363		
	d street address of the current register rtment of State:	red agent and registered office on file with the		
	CT Corporation System			
1200 South Pine Island Road				åi Voji
	Plantation, FL 33324) DEC	CS.C
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	æ	DE CORP
	Corporation Service Company		40:1] HW	01/2
	1201 Hays Street		0	
	(P.O. Box NOT accept	ptable)		* -
	Tallahassee, FL 32301			
The street addreas changed will	ess of its registered office and the st be identical.	treet address of the business office of its register	ed agen	ıt,
		opted by its board of directors or by an officer so in notified in writing of the change.	0	
Maureen Cathell, Vice Preside				
(Signati	ure of an officer or director)	(Printed or typed name and title)		-
I further agree of my duties, an document is bei corporation has Corporati	on Service Company	nt and agree to act in this capacity. statutes relative to the proper and complete per cobligation of my position as registered agent. in the registered office address, I hereby confirn inge.	forman Or, if th n that th	ce iis he
By: × ×	red Kubly	December 2, 2011		_
	gnature of Registered Agent)	(Date)		
If signing on be	chalf of an entity:			
Grace E. Kirb	y, Assistant 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)