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(Business Entity Name)						
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December 7, 2010

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

1-Rex, Inc.

Dear Sir/Madam:

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely.

Lucy Dawson

Élient Service Specialist

ENCLOSURE REGULAR MAIL

E-MAIL: INFO@NATIONALCORP.COM WEB SITE: WWW.NATIONALCORP.COM

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

	nge is submitted for a cor ge its registered office or	-	-	_		elaware
1. The name of t			•	•		
		1-Re	ex, Inc.			
2. The principal	office address:					
2	601 Scott Ave., Ste. 60	10	Fort Wort	h	TX	76103
3. The mailing a	ddress (if different):					
4. Date of incorp	ooration/qualification:	6/30/2003	Document num	ber:	F030000	03384
	street address of the curr trnent of State:	ent registered ager	nt and registered of	fice on file w	vith the	
		C T Corpora	tion System			
	_	1200 South Pir	e Island Road		**	
	Plantat	tion	FL	33324	4	
6. The name and (if changed):	street address of the new	registered agent (if changed) and /or	registered o	ffice	
	Nati	onal Corporate	Research, Ltd., I	nc.		
		515 East Pa	rk Avenue			Parties Constitution Constitution
	(P.O. Bux NOT acceptable)					
	Tallahas	8800	Florida	32301	1	•
	ss of its registered office be identical.					
authorized by th	s authorized by resolution board, or the corporation	on has been notif	led in writing of th			
<u> </u>	zward	· · · · · · · · · · · · · · · · · · ·		Tray		VP
(Si hereby accept further agree to if my duties, and locument is bein corporation has	ignabe of an officer or director) the appointment as regis o comply with the provis d I am familiar with and ig filed merely to reflect been potified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	igree to act in this s relative to the pr tion of my position egistered office ad	(Printed or type capacity, coper and co n as register ldress, I here	od name and title emplete per ed agent. (eby confirm	o) formance Or, if this 1 that the
	An			12/101	12010	
()	Signature of Registered Agent) naif of an entity:			1 470	Date)	
r si8trmR offvoet	ish of an cutty:					
Lucy (Dawson, Assistant Sec	retary				
	(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