

F03000003942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

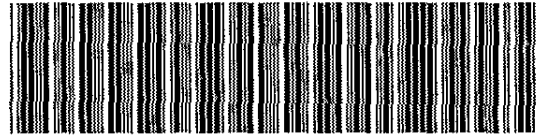
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change

R. CONNELL FEB 08 2007

T S

RE: DELTEL, INC.
CHANGE OF AGENT

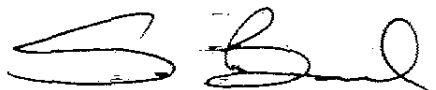
Enclosed please find the following:

- 1) Two copies of the appropriate Change of Registered Agent Form
- 2) A postage-paid return envelope for use in returning a date stamped copy of the change of agent application.
- 3) A check covering all appropriate fees where applicable.

Please return a date stamped copy of the attached form to the address below.

Should you have any questions or need further information, please do not hesitate to call me directly, my contact information is below. Thank you in advance for your assistance and cooperation.

Respectfully submitted,



Stephanie Baird
TCS Corporate Services Supervisor
3100 Cumberland Blvd., Suite 900
Atlanta, GA 30339
770-956-7525 X 1516

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DeITel, Inc.
(Name of corporation)

DOCUMENT NUMBER: F03000003942

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Baird
(Name of person)

TCS CORPORATE SERVICES, INC.
(Name of firm/company)

3100 Cumberland Blvd., Suite 900
(Address)

Atlanta, GA 30339
(City/state and zip code)

For further information concerning this matter, please call:

Stephanie Baird at (770) 956-7525 X1516
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
California in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: DeITel, Inc.
2. The principal office address: 27071 ALISO CREEK RD., STE 150, ALISO VIEJO, CA 92656
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/5/2003 Document number: F03000003942

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

EDWIN F. BLANTON

810 THOMASVILLE ROAD

TALLAHASSEE FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

TCS CORPORATE SERVICES, INC.

515 East Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Robert G. Huff V.P. Operations
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. If this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314