

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Penil	Addraga:

REGISTERED AGENT CHANGE ENTRUST TECHNOLOGIES, INC.

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Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of cha	inge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of MD
		or registered agent, or both, in the State of Florida.
		ay, Suite 1250, Dallas, TX 75240
z. The pitherpui	Office address.	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 8/14/200	Document number: F03000004045
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, FL 32301	23 T
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered office
	NRAI Services, Inc.	
	1200 South Pine Island Road	
	P. Plantation, Florida 33324	O. Box NOT acceptable
as changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent,
authorized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.
	U J	Alfred Younan, VP
-	• 17	Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.
	Services, Ind.	6/20/2014 Date
	chalf of an entity; Imes M. Halpin ssistant Secretary 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 (03/12)