(Re	questor's Name)	-
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100219714361



GARPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE :

1303<u>6</u>1

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: March 14, 2012

ORDER TIME : 1:05 PM

ORDER NO. : 130361-184

CUSTOMER NO: 7667927

## CHANGE OF AGENT

NAME: TECHNISOURCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

		0502, 607.1508, or 617.1508, Florida Statute: ganized under the laws of the State of Delaw	
in ord	er to change its registered office or reg	gistered agent, or both, in the State of Florida	•
1. The name of	the corporation: TECHNISOURCE	E, INC.	
2. The principa	office address: 2050 Spectrum Blv	d Ft Lauderdale FL 33309	
3. The mailing	address (if different):		
4. Date of incorporation/qualification: 04/19/2004 Document number: F04000002			0
	d street address of the current registere rtment of State:	ed agent and registered office on file with the	
	Corporate Creations Network Ir	nc.	
	11380 Prosperity Farms Road #221E		72 12 13 13 13 13 13 13 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14
	Palm Beach Gardens FL 33410		
6. The name an (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	12 HAR 16 PH
	Corporation Service Company		3. B
	1201 Hays Street		<b>0</b> 5
	(P.O. Box NOT accept		
	Tallahassee, FL 32301		
The street addr as changed will	ess of its registered office and the str be identical.	reet address of the business office of its regis	tered agent,
Such change w authorized by t	as authorized by resolution duly ado he board, or the corporation has beer	pted by its board of directors or by an office in notified in writing of the change.	r so
hem-	Beauty	Sean Bradley, Secretary	
	ure of an officer or director)	(Printed or typed name and title)	· ·
I hereby accept I further agree of my duties, at document is be corporation ha	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ing filed merely to reflect a change it is been notified in writing of this char	t and agree to act in this capacity. statutes relative to the proper and complete p obligation of my position as registered agen n the registered office address, I hereby conf nge.	performance t. Or, if this irm that the
	on Service Company	3/14/50.5	
(Si	gadure of Registered Agent)	3/14/2012 (Date)	<del></del>
If signing on be	chalf of an entity:		
	et, Asst. 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)