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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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

Email Address:



REGISTERED AGENT CHANGE CONTEMPORARY SOLUTIONS-USA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Texas istered agent, or both, in the State of Florida.	s
1. The name of	the corporation: CONTEMPORAR	Y SOLUTIONS-USA, INC.	
	l office address: 60A East McDermo		
	address (if different):		
4. Date of incor	poration/qualification: 4/29/04	Document number: F04000002349	
	d street address of the current registered atment of State:	d agent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation FL 33324		ALL.
6. The name and (if changed):		gent (if changed) and /or registered office	ETARY
	Corporation Service Company		변속,
	1201 Hays Street		20 24
	(P.O. Box, NOT acceptab	xie)	120 C
	Tallahassee, FL 32301		34
		et address of the business office of its registered	l agent,
Such change was	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
Blin	in that	Blanca Lozada, Attorney in Fact	
I hereby accept I further agree of my duties, ar document is be corporation has	we of an unicer of one conficient and in the appointment as registered agent it to comply with the provisions of all should am familiar with and accept the cing filed merely to reflect a change in a been notified in writing of this chang on Service Company	(Printed of typed name and title) and agree to act in this capacity, attites relative to the proper and complete perfo bligation of my position as registered agent. Or the registered office address, I hereby confirm to	rmance r, if this hat the
By:	Nex # T	May 18, 2010	
	gnature of Registered Agent) chalf of an entity:	(Desc)	
	by, 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)