Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

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Fax Number

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REGISTERED AGENT CHANGE

CHOICEPOINT WORKPLACE SOLUTIONS INC.

Certificate of Status	0
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Corporate Filing Menu

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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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.			P	
1. The name of t	the corporation: ChoicePoint WorkPlace Solutions Inc.			
2. The principal	office address: 1000 Alderman Drive, Alpharetta, Georgia 30005			_
3. The mailing a	ddress (if different):	·		_
4. Date of incorp	poration/qualification: 11/05/2004 Document number: F04000006343			_
	street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)			
	Corporation Service Company			
	1201 Hays Street	. 5	S	
	Tellahassee, FL 32301-2525		2	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	200 .	Ļ	
	C T Corporation System	4. 02	*	•
	c/o C T Corporation System, 1200 South Pine Island Road		 O	
	(P.O. Box NOT acceptable)	32 3	-	
	Plantation, Florida 33324			
	ss of its registered office and the street address of the business office of its registered be identical.		i,	
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.			
Bear	Rence Simonton, Vice President (Printed or types name and hite)			
I hereby accept I further agree t of my duties, an document is beli corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete perfect of am familiar with and accept the obligation of my position as registered agent. On filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change. C. T. Corporation System	ormane)r, if th that th	ce is ie	
By: - Kathung	Public of Registered Agent) 11 3 08 (Oato)		•	
If signing on bel	helf of an entity:			
	Widdoos, Assistant Secretary year or Printed Name)			
(,	* * * FILING FEE: \$35.00 * * *			
M. CR2E045 (8/05)	Make checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

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