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OLVISION OF CORPORATIONS

(Requestor's Name)	 	
(Address)	OB	80005
(Address) (City/State/Zip/Phone #)	3 - -	
PICK-UP WAIT MAIL		09/20/05
(Business Entity Name)		
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TRANSMITTAL LETTER

Division of Corporations SUBJECT: Reticulated Administrative Services, Inc. (Name of corporation) DOCUMENT NUMBER: F04000006392 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: Dana Walker (Name of person) US CorpWorks Inc. (Name of firm/company) 1638 Pennsylvania Street (Address) Denver, CO 80203 (City/state and zip code) For further information concerning this matter, please call: Dana Walker __ 393-8800 (Area code & daytime telephone number) (Name of person) 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

TO:

Amendment Section

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

•	rovisions of sections 607.0502, 617.0502, 607.15 ted for a corporation organized under the laws of		ement of in order
•	istered office or registered agent, or both, in the S	•	in order
1. The name of the	ne corporation: Reticulated Administrative Se	rvices, Inc.	<u> </u>
2. The principal	office address: 122 W. Carpenter Freeway, 6th	r Floor, Irving, TX 75039	Diego
		<u>, 35, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10</u>	
3. The mailing ac	ddress (if different):		
		<u> </u>	o g
4. Date of incorp	oration/qualification: 11/4/2004 Doc	cument number: F0400006392	
5. The name and Florida Depart	street address of the current registered agent and ment of State:	registered office on file with the	平0:42
	CAPITOL CORPORATE SERVICES, INC.		<u>-</u>
	1333 N. Duval Street		
	Tallahassee, FL 32303		The second
6. The name and (if changed):	street address of the new registered agent (if chan	nged) and /or registered office	
	NRAI Services, Inc.		
	2731 Executive Park Drive, Suite 4		<u> </u>
	(P.O. Box or personal mailbox NO)	(acceptable)	··· • · · · · · · · · · · · · · · · · ·
	Weston, FL 33331	<u> </u>	مع اصبي ري دي
The street addre	ss of its registered office and the street address of its registered office and the street address of the stre	of the business office of its registered age	nt, as
Such change wa the board, or the	s authorized by resolution duly adopted by its b corporation has been notified in writing of the	oard of directors or by an officer so authorhange.	orized by
1/1/1		Russell S. Howells—Treasurer	
	gnature of an officer or director)	(Printed or typed name and title)	
I further agree to duties, and I am being filed mere	the appointment as registered agent and agree to comply with the provisions of all statutes related familiar with and accept the obligation of my play to reflect a change in the registered office adverting of this change. Inc.	to act in this capacity, tive to the proper and complete performa osition as registered agent. Or, if this do dress, I hereby confirm that the corporati	nce of my cument is on has
by:		4/31/0>	
If signing on bel	Signature of Registered Agent) nalf of an entity:	(Date)	
Michael Mirrio	ne	Asst. Secretary	
	(Typed or Printed Name)	(Capacity)	

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