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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	_
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Office Use Only



000068811300

E. Coulliette APR 0 6 2006



ACCOUNT NO. : 072100000032 REFERENCE / AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: April 3, 2006 ORDER TIME : 11:02 AM ORDER NO. : 959956-040 CUSTOMER NO: 7332974 CHANGE OF AGENT NAME: CROSS MATCH SERVICES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX_ _ PLAIN STAMPED COPY CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu ange is submitted for a corporation organized under the laws of the State of ${\sf Dela}$		
	er to change its registered office or registered agent, or both, in the State of Floric		
1. The name of t	the corporation: CROSS MATCH SERVICES, INC.		
2. The principal	office address: 3950 RCA Boulevard, Suite 5001, Palm Beach Gardens, FL 33410		
3. The mailing a	address (if different):		<u> </u>
4. Date of incorp	poration/qualification: December 1, 2004 Document number: F0400000691	5	
	d street address of the current registered agent and registered office on file with the rtment of State:	e	
	Michael R. Brewer		
	3950 RCA Boulevard, Suite 5001	de o	
	Palm Beach Gardens, FL 33410	6 APR -5	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	-5 PM	
	Corporation Service Company		
	1201 Hays Street	17 27	
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre as changed will	ess of its registered office and the street address of the business office of its reg be identical.	gistered a	gent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer so	
Ma	Maureen Cullen, Attorney in Fact (Printed or typed name and title)	<u></u>	
of my duties, and document is being 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 d I am familiar with and accept the obligation of my position as registered age ng filed merely to reflect a change in the registered office address, I hereby co s been notified in writing of this change.	e perforn ent. Or, enfirm tha	iance If this It the
By MIAM	Service Company Comp	noce_	
If signing on bel	half of an entity:		
Michelle R. Vann	noy, Asst. Vice President		
(T	yped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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