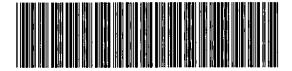
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22009



CORPORATION SERVICE COMPANY ACCOUNT NO. : 07210000032

REFERENCE : 935006 7690485

AUTHORIZATION :_

COST LIMIT

ORDER DATE: March 24, 2009

ORDER TIME : 12:07 PM

ORDER NO. : 935006-018

CUSTOMER NO: 7690485

CHANGE OF AGENT

NAME: COMPUTER SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Kentucky to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation: FIRST COMMERCE TECH-COMPUTER SERVICES, INC.	
	office address: 3901 Technology Drive, Paducah, KY 42001	
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 03/15/2005 Document number: F05000001667	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the treet of State:	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	Plantation, FL 33324 street address of the new registered agent (if changed) and /or registered office	
	Corporation Service Company	
	1201 Hays Street (P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
•	ess of its registered office and the street address of the business office of its registered agent, be identical.	
-	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
Mails (Signatur	David L. Simon, CFO (Printed or typed name and tifle)!	
I hereby accept to a light the same of the	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 performance of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
By: Y/w	nature of Registered Agent) (Date)	
If signing on beh	alf of an entity:	
Michelle R. Vannoy, Assistant VP (Typed 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 * * *