F05000003310

Office Use Only



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06/28/07--01011--003 **35.00

DIVISION OF CORPURATIONS

2007 IIIN 28 AM IO: 50

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June 25, 2007

To the Secretary of State/Corporation Division

Enclosed, please find a Certificate of Amendment to be filed on SOAR TECHNOLOGIES, INC. I have enclosed a check in the amount of \$35.00 and an enclosed a self address envelope to send back the file stamped copy.

Thank you for your time and assistance in this matter.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 123$

Sincerely,

Cathy Bishop Customer Service Representative

COVER LETTER

TO: Am Div	endment Section rision of Corporations	
SUBJECT	SOAR TECHNOLOGY, INC	poration)
DOCUME	NT NUMBER: F05000003310	
	ed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
	n all correspondence concerning this matter to	•
	Cathy Bishop	-
	(Name of Conta	act Person)
	National Service Informat	
	145 Baker Street (Addre	ss)
	Marion, Ohio 43302 (City/State and	Zip Code)
For further	information concerning this matter, please cal	
	Cathy Bishop (Name of Contact Person)	at (740) 387-6806 ext. 123 (Area Code & Daytime Telephone Number)
Enclosed is	s a \$35.00 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

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

statement of char	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized to change its registered office or registered	d under the laws of the State	of Michigan	
1. The name of the	he corporation:	OAR TECHNOLOGY, I	NC.	
2. The principal	office address: 3361 Rouse Road Suite	175 Orlando, FL 32817		
3. The mailing ac	ddress (if different):			
4. Date of incorp	ooration/qualification: 06/06/2005	Document number: F05	5000003310	
5. The name and	street address of the current registered ager tment of State:			
	CT Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324			یے
6. The name and (if changed):	l street address of the new registered agent (if changed) and /or registered	l office	70010
	NRAI Services, Inc.			
	2731 Executive Park Drive, S	uite 4		
	(P.O. Box NOT acceptable) Weston, FL 33331			
The street address changed will	ess of its registered office and the street ad be identical.	dress of the business office	of its registered agent,	
Such change wa	as authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or b	y an officer so	
Delo	orah HUlebster.	Deborah H. We VP. Administra (Printed or typed nam	bster troin e and title)	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statute of all statute of all statute of all statute ing filed merely to reflect a change in the status of this change.	igree to act in this capacity is relative to the proper and ition of my position as regis egistered office address, I i	i complete performance stered agent. Or, if this hereby confirm that the	
(S	gnature of Registered Agent)	June 25-	0007	
If signing on be	ehalf of an entity:			
Sill P	Probst ASSI- Secretary Typed or Printed Name)	r		

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