## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000153568 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## REGISTERED AGENT CHANGE NETWORKFLEET, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

C. LEWIS

JUL 9 2013

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations							
SURI	Networkfleet, Inc.							
SUBJECT:Name of Corporation								
DOCU	DOCUMENT NUMBER:							
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:								
	Name of Contact Person							
	CT Corporation System							
	Firm/Company							
	1015 15th Street, NW, Ste. 1000							
	Address							
	Washington DC 20005							
	City/State and Zip Code							
	christy.reyes@verizon.com							
	E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:								
Mark B	rinkman 202 572-3160							
	Name of Contact Person Area Code & Daytime Telephone Number							
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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

FLECE - 05/20/2013 Watton Elberry Online

CR2E045 (03/12)

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

statement of cha	ange is submitted for a corporation org	7502, 607.1508, or 617.1508, Florida Statut ganized under the laws of the State of Delaw Astered agent, or both, in the State of Florid	are
	the corporation: Networkfleet, Inc.	usierea ageni, or odin, in the State of Patria	a.
2. The principal	office address: 6363 GREENWICH DR	LIVE, SUITE 200 SAN DIEGO, CA 92122	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 06/23/2005	Document number: F05000003679	
5. The name and		d agent and registered office on file with the	
	Corporation Service Company		- W
	1201 Hays Street		
	Tallahassee, FL 32301		ف الله
6. The name and street address of the new regi (if changed):		gent (if changed) and /or registered office	
	C T Corporation System		1000
	c/o C T Corporation System, 1200 South	h Pine Island Road	
	P.O. Box N Plantation, Florida 33324	IOT acceptable	
	Financia, Florida 35324		
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its regis	stered agent,
Such change wa authorized by th	is authorized by resolution duly adopt is board, or the corporation has been i	ted by its board of directors or by ал office notified in writing of the change.	r <b>50</b>
Mare	3h	Mark Brinkman Attorney in Fact	
Signatu I hereby accept I further agree ( performance of agent. Or, if thi hereby confirm	the appointment as registered agent of the appointment as registered agent of a comply with the provisions of all simple auties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified	Printed or typed name and late and agree to act in this capacity. atules relative to the proper and complete i accept the obligation of my position as re effect a change in the registered office addi i in writing of this change.	gistered ress, I
Ву:	poration System	7/9/1:	
	wave of Registered Assessment Secretary Secretary Secretary and Assistant Secretary of an entity:	Date	<del>}</del>
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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