## F05000004132

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R.A. Chq.
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DEC 08 2011

**EXAMINER** 



ACCOUNT NO. : 12000000195

REFERENCE: 017702 7607939

AUTHORIZATION ,

COST LIMIT

ORDER DATE: December 7, 2011

ORDER TIME : 4:56 PM

ORDER NO. : 017702-003

CUSTOMER NO: 7607939

CHANGE OF AGENT

NAME: VERITEXT CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:



statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delaware gistered agent, or both, in the State of Florida.	<del></del>	
1. The name of	the corporation: VERITEXT COR	Р.		
2. The principal	office address: 1020 Biscayne Bui	lding, 19 West Flager Street, Miami, FL 3313	0	<del></del>
3. The mailing a	address (if different): 25B Florham F	Park, Suite 301, Florham Park, NJ 07932		
4. Date of incorp	poration/qualification: 07/19/2005	Document number: F05000004132		
	d street address of the current registere thent of State:	ed agent and registered office on file with the		
	CT Corporation System			
	1200 South Pine Island Rd.			220
	Plantation FL 33324		25	SEC
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):		agent (if changed) and /or registered office	8- 33(	M OF OS
	Corporation Service Company		3	000000 10000
	1201 Hays Street		0:IJ	
	(P.O. Box NOT accept	table)	1	\$ []
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the str be identical.	reet address of the business office of its registered	agent,	
Such change wa		pted by its board of directors or by an officer so notified in writing of the change.		
Ma	ure of an officer or director	Maureen Cathell, Vice President (Printed or typed name and title)		
I hereby accept I further agree to of my duties, an document is bei corporation has	' (	t and agree to act in this capacity. statutes relative to the proper and complete perfor obligation of my position as registered agent. Or, n the registered office address, I hereby confirm th nge.	mance if this out the	
By:	Muna	12/07/2011		
(Sig	nature of Rog Ktered Agent)	(Date)		
If signing on be	half of an entity:			
Sylvia Queppo				
Γ)	Typed or Printed Name)			

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