

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

: C T CORPORATION SYSTEM

Account Name Account Number : FCA000000023 Phone (850)222-1092

Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

APAC-KANSAS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of chi	provisions of sections 607.0502, 617.0502, 6 urge is submitted for a corporation organized er to change its registered affice or registered	d under the laws of the State of Delaware		
1. The name of	the corporation: APAC-Kansas, Inc.		~~~~~~	
	office address: 4318 Speaker Road ity, KS 66106			<u> </u>
3. The mailing of Atlanta, GA	address (if different): 375 Northridge Roa A 30350	ad, Suite 350		
4. Date of incor	poration/qualification: 7/20/05	Document number: <u>F05000004179</u>		
	d street address of the current registered agent runent of State:	t and registered office on file with the		
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·		
	1201 Hays Street		,	ت
	Tallahassee, FL 32301		06	V 32 V
6. The name and (if changed):	I street address of the new registered agent (in	f changed) and /or registered office	SEP 14	CRETARY 10N OF CC
	C T Corporation System		PH	경우
	1200 South Pine Island Road		2: 3 3	RAI
	Plantation, FL 33324		ઝ .	S E
The street address changed will	ess of its registered office and the street add be identical,	lress of the business office of its registered	agent,	S
Such change was authorized by the	as authorized by resolution duly adopted by ne board, or the corporation has been notified	vits board of directors or by an officer so ed in writing of the change.		
	and Different Or difference (Gary P. Hickman, Assistant Secret	ary	
I hereby accept I further agree of my dutles, an document is bel corporation has	the appointment as registered agent and a to comply with the provisions of all statutes à I am familiar with and accept the obligat ng filed merely to reflect a change in the re t been notified in writing of this change.	gree to act in this capacity i relative to the proper and complete perfor tion of my position as registered agent. Or egistered office address, I hereby confirm th	mance if this at the	
Dace of	•	3/28/06 (Date)		
ASSIS	half of an entity: DALE W. MORRIS STANT VICE PRESIDENT			
,, , <u>-</u> , (1	yped or Printed Name) * * * FILING FEE:	\$35.00 * * *		

TOTAL P.02

CR2E045 (8/05)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314