F05000004921

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



900080353719

10/03/06--01027--015 **35.00

DIVISION OF OCT -3 PH 4: 06

RARO CAS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Truvision, Inc. (Name of Corporation)	on)
DOCUMENT NUMBER: F05000004927	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
C. Wall (Name of Contact Per	000 (1040
National Corporate Services, (Firm/Company)	
2 Club Centre Court, Suite 5 (Address)	
Edwardsville, IL 62025 (City/State and Zip Co	ode)
For further information concerning this matter, please call:	
C. Wall at (8) (Name of Contact Person)	66) 416-6274 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angle is submitted for a corporation organized under the laws of the State of Utah er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Truvision, Inc.
2. The principal	office address: 16305 Swingley Ridge Rd., Suite 300, Chesterfield, MO 63017
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 8/19/05 Document number: F0500004927
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	Hantation, FL 33324 If street address of the new registered agent (if changed) and /or registered office NRAI Services, Inc. 2731 Executive Park Drive, Suite 4 (P.O. Box NOT acceptable) Weston, FL 33331
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4 (P.O. Box NOT acceptable)
	Weston, FL 33331
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatu	Brian Andrew, Secretary/Gen. Csl. (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation has	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 I am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the specific in writing of this change. The province of Registered Agent (Date)
lf signing on bel	half of an entity:

Sean L. Emerick, Asst. Secretary

(Typed or Printed Name)

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