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REGISTERED AGENT CHANGE BMS CONTRACT SERVICES LIMITED CORPORATION

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09 - 30 - 10

9/29/2010

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

statement of cha	nge is submitted for	ns 607.0502, 617.0502, a corporation organiza uered affice or registere	ed under the laws q	f the State of 10W	<u> </u>	
1. The name of t	he corporation:	BMS CONTRAC	T SERVICES !	LIMITED CORF	ORATION	
	office address: <u>20</u> 1 FON, IA 52601-	JEFFERSON RM 0887	206			
3. The mailing at BURLIN	ddress (if different) GTON, IA 5260	P.O. BOX 887 1-0887				
4. Date of incorp	oration/qualification	ru: Feb 10, 2006	Document nun	ber:F060	00000924	
		e current registered ago esigned, enter resigned		ffice on file with the	•	
	CT Corporation	n System		· · · · · · · · · · · · · · · · · · ·		
	1200 South Pi	ne Island Road				
	Plantation, Flo	rida 33324				
6. The name and (if changed):	I street address of th	e new registered agent	(if changed) and /o	or registered office	SEP 29	
	National Corpo	orate Research, Ltd	d., Inc.		7. L.	
	515 East Park				P. P.	
P.O. Box NOT exceptable						
	Tallahassee, F					
The street address changed will	ss of its registered be identical.	office and the street a	ddress of the busir	ness office of its reg	istered agent,	
Such change we authorized by the	ns authorized by re ne board, or the con	solution duly adopted poration has been not	by its board of dir filed in writing of	ectors or by an offi- the change.	cer so	
A Sigland	a of an officer or director		Mary Grand	or typed name and title /	Treas	
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment a to comply with the d I om familiar wi ing filed merely to guen notified in w	s registered agent and provisions of all statu in and accept the oblig reflect a change in the withing of this change.	l agree to act in thi tes relative to the j gation of my positi registered office t	is capacity, proper and complet on as registered ag address, I hereby ca	e performance ent, Or, if this infirm that the	
Sig	parture of Regulacred Age	nt	9/	28/2010		
If signing on be	half of an entity:					
LucyDa	wson Asis	ant Scoretary				
* * * FILING FEE: \$35.00 * * *						

Make checks payable to Florida Department op State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (((#10000214821-3)))

CRZE045 (8/05)