

FO6000006079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

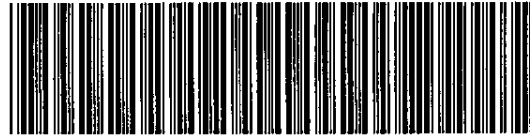
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 27 2012

C. MUSTAIN

*ESL*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VERSATILE PROCESSING GROUP, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F06000006079

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:

Myra Homer  
Name of Contact Person

Capitol Services Registered Agent Department  
Firm/Company

800 Brazos, Suite 400  
Address

Austin, Texas 78701  
City/State and Zip Code

PBRAZILL@VPG-INC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Homer at ( 800 ) 345-4647  
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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VERSATILE PROCESSING GROUP, INC.
2. The principal office address: 9820 Westpoint Drive, Ste. 300  
Indianapolis, IN 46256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/21/2006 Document number: F06000006079
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.

515 E. Park Avenue

Street Address

Tallahassee

City

FL

State

32301

Zip Code

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.

155 Office Plaza Drive, Suite A

Street Address (P.O. Box NOT acceptable)

Tallahassee

City

FL

State

32301

Zip Code

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

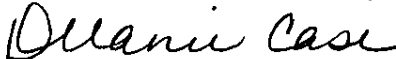
PAT BRAZILL

Name (printed or typed)

CFO

Title (printed or typed)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

1-20-2012

Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

Name (printed or typed)

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

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

CR2E045 (8/05)

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