

F07000002592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

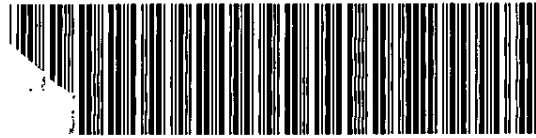
(Business Entity Name)

(Document Number)

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Change

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DIVISION OF CORPORATIONS
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2011 SEP - 8 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DDP
9/8/11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 902297 7847794

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : September 6, 2011

ORDER TIME : 9:35 AM

ORDER NO. : 902297-011

CUSTOMER NO: 7847794

CHANGE OF AGENT

NAME: ACCELERATED CARE PLUS CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

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: ACCELERATED CARE PLUS CORP.
2. The principal office address: 4850 Joule St A-1, Reno, NV 89502
3. The mailing address (if different): 10910 Domain Drive, Suite 300, Austin, TX 78758
4. Date of incorporation/qualification: 05/15/2007 Document number: F07000002592
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

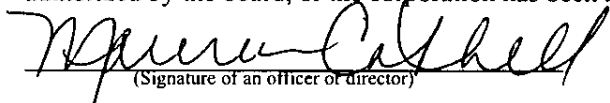
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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)

Maureen Cathell, Vice President
(Printed or typed name and title)

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.

Corporation Service Company

(Signature of Registered Agent)

September 1, 2011
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP
(Typed or Printed Name)

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

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