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(((H08000179273 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

E'YOM:

Account Name : CHARLES BACLET AND ASSOCIATES INC

Account Number : 120080000054 : (949)955-9585 Phone

Fax Number : (800) 562-6504

## **REGISTERED AGENT CHANGE**

ENTERPRISE PERFORMANCE SYSTEMS, INC.

Certificate of Status	0
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#### **COVER LETTER**

TO: Amendmet Division of	nt Section f Corporations				
SUBJECT: Ente	rprise Performance Systems, (Name of Con	Inc.			
DOCUMENT NU	MBER: F07000002953	·			
		Agent and fee are submitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:			
	Michelle DeLancy / /	act Person)			
	(ranc or con	act resour			
Charles Baclet & Associates, Inc.					
	(Firm/Cor	iipany)			
2030 Main Street, Suite 1030 (Address)					
-	Irvine, CA 92614 (City/State and	Zip Code)			
For further informa	• •	- 1			
Michelle De (Na	Lancy ame of Contact Person)	at ( 949 ) 955-9585 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.0	Division of Corporations  JBJECT: Enterprise Performance Systems, Inc.  (Name of Corporation)  DCUMENT NUMBER: F07000002953  The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  The ease return all correspondence concerning this matter to the following:  Michelle DeLancy ///  (Name of Contact Person)  Charles Baclet & Associates, Inc.  (Firm/Company)  2030 Main Street, Suite 1030  (Address)				
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle			

CR2E045 (8/05)



July 25, 2008

#### FLORIDA DEPARTMENT OF STATE

ENTERPRISE FERFORMANCE SYSTEMS, INC.

1734 CLARKSON ROAD PMB 313
CHESTERFIELD, MO 63017

SUBJECT: ENTERPRISE PERFORMANCE SYSTEMS, INC.

REF: F07000002953

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please give the complete principal & milling address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Tracy Smith Tracy Smith Tracy Smith Track Track

FAX Aud. #: E08000179273 Letter Number: 008A00043242

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617. unge is submitted for a corporation organized under the laws or to change its registered office or registered agent, or both,	of the State of Missou	<u>ırl</u>	<b>-</b>	
1. The name of	the corporation: Enterprise Performance Systems, Inc.				
	i office address: 18201 Von Karman Ave., Suite 120				
	WILLIAM AN GOLLIN				
3. The mailing	address (if different): 18201 Von Karman Ave., Suite 120				_
	Irvine, CA 92612				
4. Date of inco	rporation/qualification: 6/1/07 Document nu	mber: F07000002953	3		
	nd street address of the current registered agent and registered arrinent of State:				
	CT Corporation				
	1200 South Pine Island Road		20	<b>(</b> ©)	
	Plantation, FL 33324			©5 ≫	
6. The name ar (if changed)	nd street address of the new registered agent (if changed) and /	or registered office	NASSEL	S- 90	
	NRAI Services, Inc.			P	
	2731 Executive Park Drive, Suite 4			<i>ن</i>	-
	(P.O. Box, NOT specifie)		<b>65</b>	£	
	Weston, FL 33331	·····	, gang j	0	
	ress of its registered office and the street address of the bus ill be identical.  was authorized by resolution duly adopted by its board of di the board, or the corporation has been notified in writing of Robert M. Sam	irectors or by an office f the change. nan		रारे,	
		ed or types nume and time)		_	
I hereby accept further agree of my duties, a document is be corporation hereby	on the appointment as registered agent and agree to act in the stocomply with the provisions of all statutes relative to the and accept the obligation of my positions filed merely to reflect a change in the registered office as been notified in writing of this change.	his capacity. proper and camplete tion as registered ages address, I hereby con	parfo <b>rm</b> a nt. Or if i ifirm that	nce this the	
	lignature of Replaced Agents pehalf of an entity:	.1 OS (Deste)	<del></del> +	-	
- <del>-</del>	astellanos, Asst. Secretary (Typed or Primed Name)				
	* * * FILTNG FEE: \$38.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (8765)