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04-10-2012

NAME:

CAPITAL LAND SERVICES, INC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

**RETURN:** 

ACCOUNT: FCA00000015

\$35

AUTHORIZATION: ABBIE/PAUL HODGE

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flor under the laws of the State	of Oklahoma	_		
in order	r to change its registered		agent, or both, in the State	•			
1. The name of the corporation: CAPITAL LAND SERVICES, INC.							
2. The principal Edmond, (	office address: <u>1015 V</u> DK 73034	Vaterwood Pkwy	, Suite E	· · · · · · · · · · · · · · · · · · ·			
3. The mailing a Edmond	ddress (if different); 60 , OK 73003	9 S. Kelly Ave. S	Ste. D				
4. Date of incorp	poration/qualification:	Sep 14, 2007	Document number:	F0700000460	7	•	
5. The name and		rrent registered agen	t and registered office on fi	le with the			
	C T Corporation S	ystem		<del>_</del>			
	1200 South Pine I	sland Road					
	Plantation, Florida	33324					
6. The name and (if changed):	i street address of the ne	w registered agent (i	f changed) and /or registere	ed office	SEURI NUES	12 APR	
	National Corporat	e Research, Ltd.	, Inc.	<u>-</u>	# 17.8.	8 I C	
	155 Office Plaza				岩点	Ŧ	
P.O. Box N			ceptable		ing site g esti	φ	
	Tallahassee, Flori	da 32301					
The street address changed will	ess of its registered offi I be identical.	ce and the street add	dress of the business office	e of its registered age	nt,	9	
Such change w authorized by t	as authorized by resolu he board, or the corpor	tion duly adopted by	y its board of directors or led in writing of the chang	by an officer so se.			
Signati	attack Ada	<del>-</del> .	Patrick A	Adams, Pl	res, d	ent	<b>-</b>
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as reg to comply with the pro nd I am familiar with a ing filed merely to refle is been notified in writi	gistered agent and a visions of all statute nd accept the obliga ect a change in the r ng of this change.	ngree to act in this capacit is relative to the proper an ation of my position as reg registered office address, I	ly, id complete performa istered agent. Or, if hereby confirm that	ince this the		
SI	gradure of Registered Agent		4/9/20 Date	017	_		
If signing on b	chalf of an entity:						
Lucy Dav	wson, Assistant Sec	cretary					
	Typed or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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