Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000071746 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATE CREATIONS INTERNATION

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

\*\*Enter the email address for this business entity to be used for furtified annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## REGISTERED AGENT CHANGE **COMERICA BANK**

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00 Afrig

I of 2

3/18/11 12:22 PM

h 3-12-11

## 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 Lunder the luws of the State Lagent, or both, in the State	of lexas
1. The name of t	he corporation: <u>Come</u>	rica Bank		The second secon
			ALLAS TX 75201	
3. The mailing a	ddress (if different): 17	17 MAIN STREI	ET MC 6506 DALLAS	TX 75201
4. Date of incorp	ooration/qualification:	12/21/2007	Document number:	F07000006323
	I street address of the eur		it and registered office on fil	
	C T CORPORATIO	ON SYSTEM		
	1200 SOUTH PINE	E ISLAND ROA	D	TALLAHASSEE.
	PLANTATION FL	33324 US		7555 1875 1875 1875 1875 1875 1875 1875
6. The name and (if changed):	I street address of the new	w registered agent (i	(Changed) and /or registere	doffice FLOR
	Corporate Creation	ns Network Inc.		<u> </u>
	11380 Prosperity F			-
	Palm Beach Garde	P.O. Box NOT ac	ceptuble	
The street addre			dress of the husiness office	of its registered agent.
			y its board of directors or bed in writing of the change	
Zu e	re plan officer at director	<del></del> -	Kristine Roy, as At	torney-in-Fact
I hereby accept I further agree to of my duties, on document is bei	the appairment as rev to comply with the prob of Lam familiar with an		gree to act in this capacity relative to the proper and tion of my position as regi egistered office address, 7)	i l'complete performance stered agent. Or, if this
won	$\angle 10$		3/17/20	11
	nature of Registered Agent	_	Oalç	<del></del>
_ <b>-</b>	half of an entity:			
	rego, Special Secre	etary		

\*\*\* 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)