-080000000627

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C.COULLIETTE

JUN 18 2009

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 035150 7708699

AUTHORIZATION : Spulle Man

COST LIMIT : \$35.00

ORDER DATE: June 12, 2009

ORDER TIME : 9:46 AM

ORDER NO. : 035150-007

CUSTOMER NO: 7708699

CHANGE OF AGENT

NAME: CLARAVIEW, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingestion of the State of Virginia or change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Claraview
2. The principal of	office address: 11400 Commerce Park Drive, Suite 500
Reston, V	
	eek, GA 30097
4. Date of incorp	poration/qualification: 2/11/2008 Document number: F08000000627
	I street address of the current registered agent and registered office on file with the tment of State:
	CT Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Mace (Signatur	Maureen Cullen, Attorney In Fact (Printed or typed name and title)
I further agrée to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
~	June 16, 2009 (Date)
If signing on bel	
	opet, Asst. Vice President Syped 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 * * *