

F08000000/323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

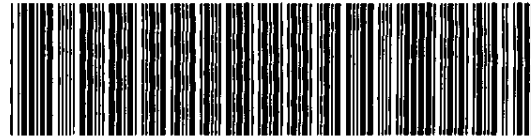
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PA Change
Tewis
3-31-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLUE RIDGE NUMERICS, INC.
Name of Corporation

DOCUMENT NUMBER: F08000001323

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDY CULVER
Name of Contact Person

CLAS INFORMATION SERVICES
Firm/Company

220 HURLEY WAY, STE. 350
Address

SACRAMENTO, CA 95825
City/State and Zip Code

jc@clasinfo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY CULVER at (800) 447-6237
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CLAS Information Services
2020 Hurley Way, Suite #350 Sacramento CA 95825
Tel: (800) 447-6237

Job Number: 124456/JC

Date: March 23, 2011

Name: BLUE RIDGE NUMERICS, INC.

Request For: Florida
TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #078337 in the amount of \$35.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**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 VIRGINIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLUE RIDGE NUMERICS, INC.
2. The principal office address: 650 PETER JEFFERSON PLACE, SUITE 250,
CHARLOTTESVILLE, VA 22911
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/24/2008 Document number: F08000001323

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NATIONAL CORPORATE RESEARCH, LTD., INC.

515 EAST PARK AVENUE

TALLAHASSEE, FL 32301

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

NRAI SERVICES, INC.

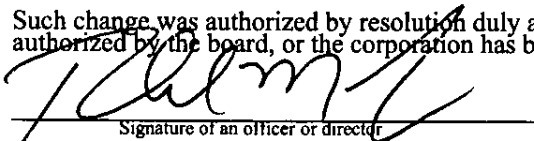
515 EAST PARK AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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

RICHARD M. FOEHR, CEO, PRESIDENT AND SECRETARY
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.


Signature of Registered Agent

3/23/2011
Date

If signing on behalf of an entity:

JUDY CULVER, ASSISTANT SECRETARY
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
CR2E045 (8/05)

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TALLAHASSEE FLORIDA