## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

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## REGISTERED AGENT CHANGE TESSITURA NETWORK, INC.

Certificate of Status	0
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Corporate Filing Menu

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

tatement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of Florida.		
	f the corporation: TESSITURA NETWORK, INC.		
2. The principa	al office address: 6602 Forestshire, Suite 200, Dallas, TX 75230		
3. The mailing	address (if different): PO Box 670245, Dallas, TX 75367		
4. Date of incom	prporation/qualification: 4/3/2008 Document number: F08000001563	·	
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State:		
	CT Corporation System		
	1200 South Pine Island Road	₹	
	Plantation, FL 33324	SECF	10 15
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office  Corporation Service Company	SECRETARY OF	MAY -3 A
		FL	2 HA
	(P.O. Box NOT acceptable)	E ATE	9:42
	Tallahassee, FL 32301	<b>D</b>	<b>10</b> ,
The street add	dress of its registered office and the street address of the business office of its registered ill be identical.	agent,	
/ 1	was authorized by resolution duly adopted by its board of directors or by an officer so the bard of the Aproporation has been notified in writing of the change.		
1/2	Jack B. Rubin, President		
I hereby accept I further agree of my duties, a decorporation ha Conjunation By:	pt the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete performed and I am familiar with and accept the obligation of my position as registered agent. Or leing filed merely to reflect a change in the registered office address, I hereby confirm to as been notified in writing of this change.  On Service Company  Signature of Registered Agenty  (Date)	rmance · if this hat the	
- 0	behalf of an entity:		
	y, Assistant Vice President  (Tweel 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)