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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5926



DATAPROSE, INC.

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

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Help

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

statement of cha	provisions of sections 607 nge is submitted for a cor r to change its registered	poration organize	ed under the laws of the Si	tate of California	is ———
1. The name of t	he corporation: DATAPR	ose, inc.			
2. The principal	office address: 1451 NOR	TH RICE AVE O	KNARD CA 93030		
3. The mailing a	ddress (if different): 2525	N. 117th Avenue,	Omeha, NE 68164		
4. Date of incorp	oration/qualification: 04/	10/2008	Document number: _F	08000001624	
	street address of the current of State:	ent registered age	nt and registered office or	ı file with the	
	BUSINESS FILINGS INC	CORPORATED	·		
	1203 GOVERNORS SQUARE BLVD SUITE				
	101 TALLAHASSEE PL	32301-2960 US			9 8
6. The name and (if changed):	street address of the new	_		ered office	8- 90V
		CT Corporation	· · · · · · · · · · · · · · · · · · ·		₹ 🗇
		ation System, 1200 Sex NOT acceptable)) South Pine Island Road		H: 2
		Plantation, Florid	a 33324		25
_	ess of its registered office be identical. Is authorized by resolution to board, or the corporati				
Buce	Kuner		Bruce Kruger, Assistant S		
l hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regi- the appointment as regi- to comply with the provis d I am familiar with and no filed merely to reflect s been notified in writing	etered agent and sions of all status l accept the oblig t a change in the of this change.	agree to act in this capa es relative to the proper allon of my position as r registered office address		formance Or, if this 1 that the
By: Ople D	CT Corporation System		8-4-08	·	
Jill Dut Assista	philicol Registered Agent) In Secretary Typed or Printed Name)		(Dâte		

* * * 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)