F08000001717

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| Special Instructions to | Filina Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID

RA. Change

C.COULLIETTE

MAR 25 2009

EXAMINER



March 16, 2009

Fiorida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RE: EBS-RMSCO, Inc.

Dear Filing Officer:

Please file the attached Change of Agent for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Denise Bell Assistant Secretary

Encl.



www.ncservicestx.com

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: EBS-RMSCO, Inc. (Name of Corporation) | on) | | | |
| DOCUMENT NUMBER: F08000001717 | | | | |
| The enclosed Statement of Change of Registered Office/Agent | and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the f | ollowing: | | | |
| Denise Bell | | | | |
| (Name of Contact Per | rson) | | | |
| National Corporate Services, LL | | | | |
| (Firm/Company) | | | | |
| 16055 Space Center Blvd., Suite 235 (Address) | | | | |
| Houston, Texas 77062 (City/State and Zip C | ode) | | | |
| For further information concerning this matter, please call: | | | | |
| Denise Bell at (Name of Contact Person) | 300) 862-5438 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 | | | |

TO:

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

| | provisions of sections 6 | | · | | | |
|--|---|--|---|---|----------------------|------------------------|
| | ange is submitted for a c er to change its registere | | • | • | | _ |
| | · | - | - | _ | | |
| | the corporation: | | | 10. | | |
| 2. The principal | office address: 115 Co | ontinuum Drive, Li | verpool, NY 13088 | | | |
| 3. The mailing a | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: | 04/16/08 | Document number: | F0800000 |)1717 | |
| 5. The name and | d street address of the curtment of State: | | | | | |
| | CT Corporation | System | | | | |
| | 1200 South Pine | Island Road | | | | |
| | Plantation, FL 3 | 3324 | | TALL | 938 | will be |
| 6. The name and (if changed): | d street address of the ne | ew registered agent (| (if changed) and /or reg | istered office | $g_{\Xi_2} = \omega$ | Practical Practical |
| | NRAI Services, | Inc. | | | | |
| | 2731 Executive | Park Drive, S | Suite 4 | ; | MIN: 2 | io, 44.44 |
| | Weston, FL 3 | D. Box NOT acceptable) | | | | |
| The street addras changed will | ess of its registered offi be identical. | ice and the street ad | ldress of the business of | office of its re | gistered age | ent, |
| Such change wanthorized by t | as authorized by resolute he board, or the corport | tion duly adopted bation has been notified | by its board of director fied in writing of the cl | s or by an off hange. | icer so | |
| Ja. | ure of an officer or director) | <u> </u> | Joan M. Osier, Senio | r Vice Presided name and title) | | _ |
| I hereby accept I further agree of my duties, ar document is be corporation ha | the appointment as re to comply with the pro to am familiar with a ing filed merely to refle s been notified in writing | gistered agent and visions of all statute nd accept the oblig ect a change in the ng of this change. | agree to act in this car | pacity er and comple registered as ess, I hereby c | | ince this the |
| • | gnature of Registered Agent) chalf of an entity: | | (Di | ate) ' | | |
| Denise Bell | , Asst. Secretary | •••··································· | | | | |
| | The second and Deline and Minimals | | | | | |

* * * FILING FEE: \$35.00 * * *

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| | | | | |
| SUBJECT: EBS-RMSCO, Inc. | | | | |
| (Name of Corpora | tion) | | | |
| DOCUMENT NUMBER: F08000001717 | | | | |
| The enclosed Statement of Change of Registered Office/Ager | nt and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the | following: | | | |
| | | | | |
| Denise Bell | | | | |
| (Name of Contact P | erson) | | | |
| N. 10 | | | | |
| National Corporate Services, L | | | | |
| (t time compan) | ,, | | | |
| 16055 Space Center Blvd., Suite | 235 | | | |
| (Address) | | | | |
| | | | | |
| Houston, Texas 77062 | | | | |
| (City/State and Zip | Code) | | | |
| For further information concerning this matter, please call: | | | | |
| Denise Bell at (| 800) 862-5438 | | | |
| (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 | Street Address: Amendment Section | | | |
| Division of Corporations | Division of Corporations | | | |
| P.O. Box 6327 | Clifton Building | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |
| | Tallahassee, FL 32301 | | | |

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

| statement of cha | provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or | organized under the laws of the | State of New York | |
|---|--|---|---------------------------------|--|
| 1. The name of the corporation: EBS-RMSCO, Inc. | | | | |
| 2. The principal | office address: 115 Continuum I | Drive, Liverpool, NY 13088 | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 04/16/08 | Document number: | F08000001717 | |
| 5. The name and | street address of the current regist | | | |
| | CT Corporation System | | | |
| | 1200 South Pine Island F | Road | | |
| | Plantation, FL 33324 | | | |
| 6. The name and (if changed): | street address of the new registere | ed agent (if changed) and /or regi | 99 AL | |
| | NRAI Services, Inc. | | CRE MAR | |
| | 2731 Executive Park D | rive, Suite 4 | 23 ASS | |
| | (P.O Box NOT ac | ceptable) | ma R M | |
| | Weston, FL 33331 | | | |
| The street addre as changed will | ss of its registered office and the be identical. | street address of the business o | office of its registered agent, | |
| Such change wa authorized by th | s authorized by resolution duly a e board, or the corporation has be | dopted by its board of directors een notified in writing of the ch | s or by an officer so nange. | |
| (Signatu | e of an officer or director) | Joan M. Osier, Senior | Vice President | |
| I hereby accept I further agree to of my duties, and document is bein corporation has | the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ag filed merely to reflect a chang been notified in writing of this cl | • | • | |
| (Sig | 7111 Boll nature of Registered Agent) | 3.16° | | |
| If signing on bel | nalf of an entity: | | | |
| | Asst. Secretary yped or Printed Name) | | | |

* * * FILING FEE: \$35.00 * * *