## F080000003880

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CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 969530

7857087

AUTHORIZATION :

COST LIMIT :

ORDER DATE: November 4, 2011

ORDER TIME : 9:33 AM

ORDER NO. : 969530-005

CUSTOMER NO: 7857087

## CHANGE OF AGENT

NAME: INDEMNUS CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of lowa egistered agent, or both, in the State of Florida.	71S
1. The name of	the corporation: INDEMNUS CO	RPORATION	
2. The principal			
4. Date of incor	poration/qualification: 09/03/2008	Document number: F08000003880	
	d street address of the current register rtment of State:	red agent and registered office on file with the	
	Chad Davis		_,
	1430 Palm Bay Rd., NE	SECR	FILE
	Palm Bay, FL 32905	ETA	2 F
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	ED 3
	Corporation Service Company	PATE	Ī
	1201 Hays Street	<del>-</del>	
	(P.O. Box NOT acce	ptable)	
	Tallahassee, FL 32301		
The street addreas changed will	ess of its registered office and the solution like its liberal call.	treet address of the business office of its registere	ed agent,
Such change wanthorized by the	as authorized by resolution duly adhe board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	)
Y (Signat	ure of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bet corporation ha	t the appointment as registered ager to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha on Service Company	nt and agree to act in this capacity. I statutes relative to the proper and complete per e obligation of my position as registered agent. ( in the registered office address, I hereby confirn ange.	formance Or, if this n that the
	• •	November 4, 2011	
<u>S (Si</u>	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
Sylvia Quepp	et		
(	Typed or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)