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CORPORATIO'N SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 069445 7714689

AUTHORIZATION :

COST LIMIT :

ORDER DATE: July 17, 2009

ORDER TIME : 3:38 PM

ORDER NO. : 069445-007

CUSTOMER NO: 7714689

## CHANGE OF AGENT

NAME: DASCO INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of	Colorado	
1. The name of	the corporation: DASCO INCORPO	DRATED OF COLORAD	O	
2. The principal office address: 1880 Willow Park Way, Suite 10, Monument, CO 80132				
3. The mailing a	address (if different): P O Box 1447,	Monument, CO 80132		
4. Date of incor	poration/qualification: 09/29/2008	Document number: F0800	00004236	
	d street address of the current registered ag rtment of State:	ent and registered office on file wi	ith the	
	C T Corporation System		~	
	1200 South Pine Island Road		SECT	
	Plantation, FL 33324		FILE 2009 JUL 21 SECRETAR'S	
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered of	~~ 111	
	Corporation Service Company		TATE ORID	
	1201 Hays Street		<del>1</del>	
	(P.O. Box NOT acceptable)		_	
	Tallahassee, FL 32301		<del></del>	
The street address changed will	ess of its registered office and the street at be identical.	address of the business office of i	its registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by artified in writing of the change.	n officer so	
Mou. (Signati	ure of an officer or director)	Maureen Cullen, Attorne	-	
I hereby accept I further agree of my duties, an document is bei corporation has  Corpora	t the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliving filed merely to reflect a change in the seen notified in writing of this change. tion Service Company	l agree to act in this capacity. tes relative to the proper and con gation of my position as registere registered office address, I here	mplete performance ed agent. Or, if this by confirm that the	
By: Y \	Marchelle & Darrior	07/17/09		
	enalf of an entity:	(Date)		
Michelle R.	Vannoy, Asst. VP Typed or Printed Name)			
`	At a constant among			

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

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