| (Reque | estor's Name) | | |
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| (Addre | SS) | ··· | |
| (Addre | ss) | ···· | |
| (City/S | tate/Zip/Phone #) | | |
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 532102 7921783

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 14, 2013

ORDER TIME : 3:29 PM

ORDER NO. : 532102-002

CUSTOMER NO: 7921783

CHANGE OF AGENT

NAME: CREDIT BUREAU SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

| statement of cha | inge is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Ston organized under the laws of the State of $\frac{K}{C}$ | Kentucky | |
|--|---|--|------------------------|---------|
| | | REAU SYSTEMS, INC. OF KENTUC | | |
| 2. The principal | office address: 100 Fulton Co | ourt, Paducah, KY 42001 | | |
| 3. The mailing a | ddress (if different): PO Box 9 | 9200, Paducah KY 42002 | | |
| 4. Date of incorp | poration/qualification: 03/24/2 | Document number: F090000 | 001238 | |
| | I street address of the current regument of State: (If resigned, ente | gistered agent and registered office on file wit er resigned) | h the | |
| | Agents and Corporations | Inc. | | |
| | 300 Fifth Avenue Sout, St | uite 101-330 | ್ಷ ವ | |
| | Naples FL 34102 | | AHAS | ******* |
| 6. The name and (if changed): | I street address of the new registe | ered agent (if changed) and /or registered offi | တ္က ကာ | |
| | Corporation Service Com | pany | 2 7 N | |
| | 1201 Hays Street | | β ω | |
| PO Box NOT acceptable | |) Box NOT acceptable | | |
| | Tallahassee, FL 32301 | | | |
| The street address changed will | ess of its registered office and the identical. | he street address of the business office of its | registered ager | ıt, |
| Such change wa authorized by th | as authorized by resolution duly ne board, or the corporation has | adopted by its board of directors or by an obeen notified in writing of the change. | fficer so | |
| - dub | - Ileus | Deb Reeves, Vice President | | |
| I hereby accept I further agree of performance of agent. Or, if the hereby confirm | to comply with the provisions of my duties, and I am familiar wi is document is being filed merei | agent and agree to act in this capacity, fall statutes relative to the proper and compite and accept the obligation of my position by to reflect a change in the registered office notified in writing of this change. | plete as registered | |
| By: UA | hutuchs | February 13, 2013 | | |
| _ | nature of Registerd Agent shalf of an entity: | Date | | |
| 5 0 | t, Asst. Vice President | | | |
| T | yped or Printed Name | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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