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Division of Corporations

Fax Number : (850) 617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

Fax Number

: (850)222-1092 : (850)878-5368

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REGISTERED AGENT CHANGE STARTEK USA, INC.

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30B3E/C1:	Name of	Corporation			
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	ment of Change of Registered Offi	ce/Agent and fee are subm	nitted for filing.		
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••		ontact Person			
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	44 Cook Street, Suite 400				
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	City/State	and Zip Code			
	jennifer,hemqu	ist@startek.com			
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	Mailing Address: Amendment Section	Street Addres Amendment	<u>s:</u> Section		
	Division of Corporations	Division of C			
	P.O. Box 6327	Clifton Build	ling		
,•	Tallahassoc, FL 32314	2661 Executi Tallahassee,	ve Center Circle FL 32301		

CR2E045 (8A05)

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

statement of cl	hange is submitted for a co	rporation organiz	. 607.1508, or 617.1508, Flo red under the laws of the Stat ed agent, or both, in the Stat	e of Colorado
-	f the corporation: STARTE	-		
2. The principe	al office address; 44 COOX	ST 4TH FLOOR,	DENVER, CO 80206	
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification:	06/23/2009	Document number:	F09000002518
	nd street address of the curr artment of State: (If resigns		ent and registered office on fi	ile with the
	CORPORATION SERV	CE COMPANY		· · · · · · · · · · · · · · · · · · ·
	1201 HAYS STREET			
	TALLAHASSEB/FL/323	01-2525		2
6. The name an (if changed):		registered agent	(if changed) and for registers	
				
	c/o C T Corporation System			
	Plantution, Florida 33324	P.Q. Bux NOT:	secobrance	
	ress of its registered offic Il be identical.	e and the street a	ddress of the business office	
Such change wanthorized by	vas authorized by resolution board, or the corporat	on duly adopted ion has been noti	by its board of directors or it fied in writing of the chang	by an officer so e.
*	J. Jen		Printed or typed name	1- eveleps
I hereby accept further agree of my duttes. o document is be corporation by: By: If signing on h	in the appointment as regle to comply with the proving a more of am familiar with and the proving filed merely to reflect as been positived in writing the proving	stared agent and sions of all statut accept the oblig a change in the of this change.	agree to act in this capacit, es relative to the proper an atton of my position as regi registered office address, I	
	Typod or Printed Name			

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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