## F090000003847

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SECRETARY OF STATE
TALLAHASSEE.FLORI

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ACCOUNT NO. : I2000000195

REFERENCE : 013414

AUTHORIZATION

1 x - 1

COST LIMIT :

ORDER DATE: December 5, 2011

ORDER TIME : 9:04 AM

ORDER NO. : 013414-295

CUSTOMER NO: 7683518

## CHANGE OF AGENT

NAME: ASRC PRIMUS SOLUTION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation organized under the laws of the State of Maryland  r to change its registered office or registered agent, or both, in the State of Florida.
	to change its registered office of registered agent, of both, in the State of Piorida.  he corporation: ASRC PRIMUS SOLUTION, INC.
2. The principal	
	ane, Suite 130, Greenbelt, MD 20770
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 09/28/2009 Document number: F09000003847
	street address of the current registered agent and registered office on file with the tment of State:
	NRAI Services, Inc.
	Tallahassee, FL 32301  Street address of the new registered agent (if changed) and /or registered office
	Tallahassee, FL 32301
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
N Jagnanu	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. on Service Company
By: -//	201/10/2012 (Date)
If signing on be	half of an entity:
	Dawson, Asst. Vice President  yped 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 \* \* \*