F10000002327

(Requestor's Name)					
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(Citv/	State/Zip/Phon	e #)			
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PICK-UP	☐ WAIT	MAIL			
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(Docu	ıment Number))			
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Special Instructions to Fi	ling Officer:				
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Office Use Only



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OLYTSION OF CORP PRAINING
TALL ANASSES PRAINING
TALL ANASSES PH 1: 41

RECEIVED

SECRETARY OF STATE
UVISION OF CORPORATION

MOCT 26 PM 4: 37

R.A. Chg. C.COULLIETTE

OCT 27 2011

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE: 949239 7852928

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COST LIMIT

ORDER DATE: October 18, 2011

ORDER TIME : 11:24 AM

ORDER NO. : 949239-006

CUSTOMER NO: 7852928

CHANGE OF AGENT

NAME: ACTIONET, 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	ange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of Virgini ered agent, or both, in the State of Florida.	
1. The name of	the corporation: ACTIONET, INC.		
	office address:		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/18/2010	Document number: F10000002327	
	d street address of the current registered a rtment of State:	gent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		# PER
6. The name and (if changed):	d street address of the new registered agen	nt (if changed) and /or registered office	ISION OF CO
	Corporation Service Company		OF STATE ORPORATION PN 4: 37
	1201 Hays Street		F. S
	(P.O. Box NOT acceptable)		4 6
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registe	ered agent,
Such change wa authorized by th	as authorized by resolution duly adopted to board, or the corporation has been no	I by its board of directors or by an officer tified in writing of the change.	so
Signati	under a fally are of an officer or director.	Maureen Cathell, Vice President (Printed or typed name and title)	
I further agree to of my duties, an document is bei corporation has	the appointment as registered abent and to comply with the provisions of all state of a land accept the obling filed merely to reflect a change in the bear of this change. The company of this change on Service Company	d agree to act in this capacity. utes relative to the proper and complete po igation of my position as registered agent, e registered office address, I hereby confir	erformance Or, if this m that the
By:	C	10/18/2011	
, (Sig	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	et, 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

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