

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	<u>.                                    </u>	

## REGISTERED AGENT CHANGE HORIZON RESOURCE GROUP, INC.

RECEIVED NOVIS PH 4: 30

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

statement of cha	nge is submitted for a corpora	dlon organiz <mark>ed un</mark> de	108, or 617.1508, Florida Siotutes, this er the laws of the State of Delaware			
		_	st, or both, in the State of Florida.			
1. The name of	the corporation: HORIZON RI	SOURCE GROUP, 1	NC.			
2. The principal	office address: 250 East John (	Corporator Freeway Irv	ing, TX 75062			
3. The mailing a	uddress (If different):					
4. Date of incom	poration/qualification: 11/18/2	010 Do	cument number: F10000005067			
	I street address of the current riment of State: (If resigned, e		registered office on file with the			
	NRAI SERVICES, INC.					
	1200 SOUTH PINE ISLAND ROADPLANTATION, FL 33324					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  C T Corporation System						
	c/o C T Corporation System, I	200 South Pine Island	Road			
		PO. Box NOT acceptable				
	Plantation, Florida 33324					
The street addr	ess of its registered office and be identical.	the street address o	of the business office of its registered agent,			
Such change wanthorized by the	as authorized by resolution <b>4</b> he board, or the corporation <b>1</b>	ily adopted by its bo as been notified in t	eard of directors or by an officer so writing of the change.			
- Transition of the state of th	ire on empriscer of director		Lel J. Thomas/CEO Printed or typed name and title			
I hereby accept I further agree performance of agent. Or. if th hereby confirm	the appointment as registere to comply with the provision insy dulles, and I am familiar is document is beine filed me that the corporation has bee	d agent and agree to af all statutes relat with and accept the rely to reflect a cha a notified in writing	o act in this capacity live to the proper wid camplete t obligation of my position as registered nge in the registered office address, t t of this change.			
	poration System		12/13/13			
	name of Resistant Age Combec 'y.		Date 1			
If signing on behalf of an entity:						
M. E. Jones, Ass						
,	Typed or Printed Name					

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

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