Florida Department of State

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)205-8842

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:

REGISTERED AGENT CHANGE ONESOURCE VIRTUAL, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

JUL 29 2015

7/28/2015

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

	•	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Dolawaro	
		registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ONESOURCE VIRT	UAL, INC.	
2. The principal	office address: 5601 N. MACARTHI	UR BLVD., IRVING, TX 75038	
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: 03/21/2014	Document number: P14000001275	
5. The name and		ered agent and registered office on file with the	
	CAPITAL CORPORATE SERVICE	s, INC.	15
	155 OFFICE PLAZA DR., STE A		
	TALLAHASSES, FL 32301		. 28
6. The name and (if changed):	l street address of the new registered	d agent (If changed) and /or registered office	AH
	C T Corporation System		
	c/o C T Corporation System, 1200 Sc	outh Pine Island Road	
	P.O. 8o Plantation, Florida 33324	x NOT acceptable	
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its registered agent	L
Such change was authorized by the	as authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	
Len	so Boll re of an afficer or director	Denise Bell, Secretary	
		Printed or typed name and title	
		nt and agree to act in this capacity, I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fled in writing of this change,	
By: CT Cor	poration System	7/28/2015	
	mature of Registered Agent	Deta	
If signing on be	half of an entity: Alfred	Younan	
		Secretary	
τ	yped or Printed Name	•	

* * * FILING PEE: \$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)