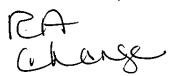
F9500003380

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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REFERENCE 7351048				
AUTHORIZATION				
COST LIMIT : \$ 35.00				
ORDER DATE : January 18, 2007				
ORDER TIME : 11:21 AM				
ORDER NO. : 718304-230				
CUSTOMER NO: 7351048				
CHANGE OF AGENT				
NAME: WORLDWIDE DEDICATED SERVICES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Kimberly Moret				
EXAMINER'S INITIALS:				

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

statement of change is submitt	ted for a corporation organ	2, 607.1508, or 617.1508, Florid ized under the laws of the State o ered agent, or both, in the State o	
1. The name of the corporation	0 22 0	· ·	j r ioriaa.
	y, NE, Atlanta, GA		
3. The mailing address (if diff	erent):		
4. Date of incorporation/quality	fication: 07/14/1995	Document number: F9500	00003380
5. The name and street address Florida Department of State	s of the current registered ag	gent and registered office on file	with ARSEE, F
C T Corpor	cation System		PSS P
1200 South	n Pine Island Road		Fig. F.S.
Plantatio	n, FL 33324		- I I I 3
6. The name and street address (if changed):	s of the new registered agen	at (if changed) and /or registered	office
Corporation	on Service Company		·
1201 Hays	Street		
 	(P.O. Box NOT acceptable)		
Tallahasse	ee, FL 32301		
The street address of its regis as changed will be identical.	stered office and the street	address of the business office o	f its registered agent,
Such change was authorized authorized by the board, or the	by resolution duly adopted ne corporation has been no	d by its board of directors or by tified in writing of the change.	an officer so
Maure	Jull_	Maureen Cullen, Attorn	ney in Fact
(Signature of an officer or	director)	(Printed or typed name a	ind title)
I further garee to comply wit	h the provisions of all state ar with and accept the obl ly to reflect a change in th d in writing of this change.	d agree to act in this capacity. utes relative to the proper and c igation of my position as registe e registered office address, I he	complete performance gred agent. Or, if this greby confirm that the
By (14 le Gen	= Company	January 12, 2007	
(S) gnature of Register	(d Agent)	(Date)	
If signing on behalf of an ent	ity:		
Sylvia J. Queppet, Ass	sistant VP		
(Typed or Printed N	ame)		

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