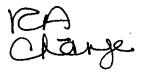
## F96000003417

(Requestor's Name)
(Address)
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(Business Entity Name)
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ACCOUNT NO.	:	072100000	0032
REFERENCE	:	413912	7628966

AUTHORIZATION :

COST LIMIT

Sould de man

ORDER DATE: January 23, 2008

ORDER TIME : 9:18 AM

ORDER NO. : 413912-125

CUSTOMER NO: 7628966

## CHANGE OF AGENT

NAME: RDA INVESTMENTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS:

## $\mathcal{C} \times_{\mathbb{C}}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this because its submitted for a corporation organized under the laws of the State of Delaware der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: RDA INVESTMENTS, INC.	
	al office address:idge Drive, Rockville, MD 20850	_
3. The mailing	address (if different):	
4. Date of incor	prporation/qualification: 07/02/1996 Document number: F96000003417	_
	nd street address of the current registered agent and registered office on file with the artment of State:	
	C T Corporation System	
	1200 S. Pine Island Road	
	Plantation, FL 33324	
6. The name an (if changed):		
	922	Ŋ
	1201 Hays Street P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addr as changed will	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
Such change w	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the porporation has been notified in writing of the change.	
- Auch	iture of an officer or director)  (Printed or typed name and little)	-
I hereby accept I further agree of my duties, an document is be corporation ha	of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this capacity to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	
By:	Ation Service Company  (Date)	
	wehalf of an entity:	
	(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 (8/05)