F 96000003943

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(Cit	ry/State/Zip/Phone	e #)
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R.A. Chorge

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DEC 292008

EXAMINER



ON SERVICE COMPANY.	ACCOUNT NO.	:	072100000	032	
	REFERENCE	:	838987	7683861	
	AUTHORIZATION	0	mulbole	redu	
	COST LIMIT	.7	\$ 35.00		
ORDER DATE :	December 24, 200	8			· • • • • •
ORDER TIME :	10:11 AM				
ORDER NO. :	838987-043				
CUSTOMER NO:	7683861				
					
	CHANGE OF A	<u>GEN</u>	<u>T</u>		
NAME:	THE DIAL CORF	ORA	TION		
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:	
	IED COPY				
XX PLAIN	STAMPED COPY				

EXAMINER'S INITIALS:

CONTACT PERSON: Joyce Markley

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

statement of cha	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of <u>Delaw</u> ered agent, or both, in the State of Florida.				
1. The name of	the corporation: THE DIAL CORI					
	Dial Blvd., Scottsdale, AZ 852					
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 08/02/1996	Document number: F960000039	43			
	d street address of the current registered a rtment of State:	gent and registered office on file with the				
	Capitol Corporate Services, In	c.				
	155 Office Plaza Dr., Suite A					
	155 Office Plaza Dr., Suite A Tallahassee, FL 32301					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company			PH 2:5	RY OF STAIN		
	1201 Hays Street		ص			
	(P.O. Box NOT acceptable)					
	Tallahassee, FL 32301					
The street address changed will	ess of its registered office and the street l be identical.	address of the business office of its registe	ered age	nt,		
Such change wauthorized by to	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an officer stiffed in writing of the change.	so			
Man	ture of an officer or director)	Maureen Cullen, Attorney in Fa	act	_		
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent an	(Printed or typed name and title) d agree to act in this capacity. utes relative to the proper and complete pe igation of my position as registered agent, e registered office address, I hereby confir	erforma Or, if i rm that i	nce this the		
By: fle	wollden	12/24/2008		_		
	gnature of Registered Agent)	(Date)				
	ehalf of an entity:					
	. Dawson, Asst. Vice President					
	* * * FILING FE	E: \$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)