Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number

; (850)617-6380

From:

Account Name

: CORPDIRECT AGENTS, INC.

Phone

Account Number: 110450000714

Fax Number

: (850)222-1173 : (850)224-1640

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

Emmil Address:

REGISTERED AGENT CHANGE SHERMAN, CLAY & CO.

Certificate of Status Certified Copy 02 Page Count Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

of 1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 3 FOR CORPORATIONS

-	provisions of sections 607.0502, 617.050			•	
in order to change its registered office or registered agent, or both, in the State of Florida.					
1. The name of t		a, or over at the blace of the	n pau.		
	•	N, CLAY & CO.			
2. The principal					
1111 Bayhill Drive, Suite 450		San Bruno	CA	CA 94066	
3. The mailing a	ddress (if different):				
4. Date of incorporation/qualification: 12/8/1996 Document number: F96			F96000	0006510	
	street address of the current registered at timent of State:	gent and registered office on	file with the	38.	
	CT Corporat	ion System, inc.		SEC	5
	1200 South Pine Island Road				SEP 20
	Plantation	FL :	33324	- 5	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				STA	D
	National Corporat	e Research, Ltd., Inc.	·	A	ñ
		Park Avenue			
	(P.O. Box NOT acceptable)				
	Tallahassee		32301	_	
The street addre as changed will	ss of its registered office and the street be identical.	address of the business offi	cc of its registe	ered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	l by its board of directors or tified in writing of the chan	by an officer ge.	50	
		Fred W. Concklin		President	
i hereby accept I further agree to of my duties, and	ignature of an officer or director) the appointment as registered agent and o comply with the provisions of all state of I am familiar with and accept the obli ng filed merety to reflect a change in the been notified in writing of this change.	d agree to act in this capac ites relative to the proper a gation of my position as re	ortyped name and s ity, nd complete pr gistered agent. I hereby confir	erformance Or, if this	
All	M. C. Asix V. J. Signature of Registered Agopt		9/10	100	
If signing on bel	J 1	·	(W416)		
Nationa	of Corporate Research, Ltd.	<u></u>			
	(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