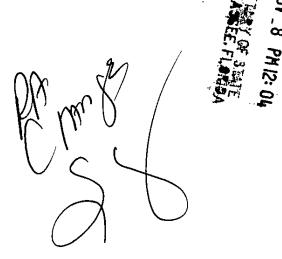
F9722203834

(Re	questor's Name)				
	droce)				
(Address)					
(Ad	dress)				
(- ,				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
L. 1 ()O((O)	— ***"				
/Rı	siness Entity Name)				
(Du	ameaa Liidty Maille)				
(Do	cument Number)				
,					
Certified Copies Certificates of Status					
<u> </u>					
Special Instructions to	Filing Officer:	ļ			
		j			
		į			
		ļ			
		, -			
Office Use Only					
		0//			
		1			



500187482645

11/08/10--01049--008 **35.00





Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

11/3/2010 FLORIDA

REP UNIT:

OCTAGON, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #20038 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	CT: OCTAGON, INC. Name of Corporation					
	Name of Corporation					
DOCU	1ENT NUMBER:_F9700003834					
The enc	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	Myra Homer					
Name of Contact Person						
Capitol Services Registered Agent Department						
800 Brazos, Suite 400						
Austin, Texas 78701 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For furt	er information concerning this matter, please call:					
	Myra Homer at (800) 345-4647 Name of Contact Person Area Code & Daytime Telephone Number					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclose	I is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

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

statement of cha	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org ir to change its registered office or regi	anized under the	laws of the State o	of DISTRICT OF COLUMBIA
1. The name of t	the corporation: OCTAGON, IN	IC.		
	office address: 1751 Pinnacle Dr			
Mclean, \				
3. The mailing a	ddress (if different);			
4. Date of incorp	poration/qualification: 7/21/1997	Docume	nt number: F97	000003834
	I street address of the current registered truent of State: (If resigned, enter resigned)		ered office on file	with the
	C T Corporation System			
	1200 South Pine Island Rd Street Address			
	Plantation	FL	33324	£# 2
(if changed):	Capitol Corporate Service 155 Office Plaza Drive, Service Address (P.O. Box NOT acceptable) Tallahassee City	Suite A FL State	32301 Zip Code	PH 12: 04
The street address changed will	ess of its registered office and the stre be identical.	et address of the	business office of	f its registered agent,
Such change wa authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board notified in writi	of directors or by ng of the change.	an officer so
Myra	- Homer	Myra Home	<u>r</u>	Attorney-in-fact
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all si ad I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	Name (prin	ted or typed)	Title (printed or typed) complete performance ered agent. Or, if this ereby confirm that the
Dua	Mil asl		11-3-10 Date	
Delanie Cas	half of an entity: e, Asst. Secretary on behalf orporate Services, Inc.			
	Name (printed or typed) * * * FILING	FEE: \$35.00 * *	r *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)