## Document Number (nly) (0005045)

C T Corporation System				
Requestor's Name 660 East Jefferson St	ceet			
Address Tallahassee, FL 3230	1			
City State Zip	Phone	31	.10/12/3661  10/12/38	1084004
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() Reinstatement	() Reservation		Change of () Fictitious	n.a. Name
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Name Availability	10/12/98	PLEASE	E RETURN EXTRA CO	OPY(S)
	10/12/11		FILE STAMPED	
Document Examiner	<i>,</i>		THANKS JOEY	;
Updater W)			0001	
Verifier W12)				
Acknowledgment				
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W.P. Verifier				

CR2E031 (1-89)

## Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <a href="Morth Carolina">North Carolina</a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

a. The name of the corporation is: DukeSolutions, Inc.
o. Date of incorporation <u>September 26,-1997</u> Document number <u>F9700000504</u> 5
The name and address of the current registered agent and office:
S. S. P
The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 3332
f its registered agent as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by n officer so authorized by the board.  SIGNATURE 6/29/98  DATE  Torrida (Type or printed name and title)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.  SIGNATURE BY:  ALLAN FARMELL ASSISTANT SECRETA/REGISTERED AGENT)  DATE  DATE  ON 10 ACCEPT SERVICE OF SE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)