## **Electronic Filing Cover Sheet**

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(((H06000042707 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

(850)521-1000

Fax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

COVISTA, INC.

	-
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of New Jersey ered agent, or both, in the State of Florida.
	the corporation: COVISTA, INC.	3 s
		-
• •	office address:	The state of the s
3. The mailing a	address (if different):	
<u> </u>		
4. Date of incor	poration/qualification: 10/28/1997	Document number: F97000005681
5. The name an	d street address of the current registered a	gent and registered office on file with the
	TCS Corporate Services, Inc.	·
	515 E. Park Avenue	706
	Tallahassee, FL 32301	B E
6. The name an (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office
	Corporation Service Company	<u> </u>
	1201 Hays Street	
(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301	
The street addi	ress of its registered office and the street	address of the business office of its registered agent,
Such change wanthorized by	vas authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an officer so ottified in writing of the change.
- 35	TICA	Frank Pazera, Chief Financial Officer
corporation he	If the appointment as registered agent are to comply with the provisions of all stand I am familiar with and accept the obeing filed merely to reflect a change in the seen notified in writing of this change in Service Company	nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.
By:	Signature of Registered Agent)	2/(5-10 G
If signing on b	behalf of an entity:	
	t, Asst. Vice President	
	(Typed or Printed Name)	TT 61600 K + +
	* * * FILING F	EE: \$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)