F98000000463

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SECRETARY OF STATE
TALLAHASSEE, FINBLE

RA Change

G. Gouthatte JUN 2 4 200



ACCOUNT NO. : 072100000032
REFERENCE : 622010 7649723
AUTHORIZATION Spelle Reas
COST LIMIT : \$ 35.00
ORDER DATE : June 23, 2008
ORDER TIME : 10:02 AM
ORDER NO. : 622010-025
CUSTOMER NO: 7649723
CHANGE OF AGENT
NAME: A S I COMPUTER SYSTEMS, INC.
Mana. It but controlled brother, the.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Doreen Wallace
CONTACT PERSON: DOTEEN WAITACE
BAAMINER'S INTITIONS.

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

statement of char	nge is submitted	ctions 607.0502, 617.0502 I for a corporation organiz egistered office or register	ed under the law	vs of the State of 📙	owa	-
1. The name of the	ne corporation:	A S I COMPUTER SYS	TEMS, INC.		<u> </u>	
2. The principal of CEDAR FALI	office address:_	5250 NORDI DRIVE	•			
	ddress (if differently)	ent):_P.O. BOX 338				
4. Date of incorp	oration/qualific	ation: January 26, 1998	Document r	number: F9800000	00463	
5. The name and Florida Depart		of the current registered ag	ent and registere	d office on file with	1 the	
	C T Corporation	on System				
	1200 South Pi	ine Island Road				
	Plantation, FL	. 33324				
6. The name and (if changed):	street address o	of the new registered agent	t (if changed) and	d /or registered offic	08 JUN 24 SECRETARY TALLAHASSE	4477
	Corporation S	ervice Company	<u> </u>		N 2 TAF	-
	1201 Hays Str				3338 7 4	
	Tallahassee, l	(P.O. Box NOT acceptable) FL 32301			MII: FLO	
The street addre	ss of its registe be identical.	ered office and the street a	address of the bu	siness office of its	Egistered ager	nt,
Such change wa authorized by th	s authorized by the board, or the	y resolution duly adopted corporation has been not	by its board of lifted in writing	directors or by an of the change.	officer so	
- Varid Signatu	re of an officer or di	rector)	David E	Wirth Pre	sident	-
I hereby accept I further agree t of my duties, an document is bei corporation has Corporation Se	- veen nonjieu i	nt as registered agent and the provisions of all statu with and accept the obli to reflect a change in the in writing of this change.	d agree to act in ites relative to the gation of my po registered offic	this capacity, he proper and com sition as registered ce address, I hereb	plete performan lagent. Or, if to y confirm that t	nce his he
Direc	gnature of Registered	I A gent)	(3000/1008		_
If signing on be				()		
Doree	n Wallace Vice Preside		ent			

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *