## F98000001281

| (Re                       | questor's Name)   | -           |  |  |  |
|---------------------------|-------------------|-------------|--|--|--|
| (Ad                       | dress)            |             |  |  |  |
| (Add                      | dress)            |             |  |  |  |
| (City/State/Zip/Phone #)  |                   |             |  |  |  |
| PICK-UP                   | ☐ WAIT            | MAIL        |  |  |  |
| (Bu:                      | siness Entity Nar | me)         |  |  |  |
| (Do                       | cument Number)    |             |  |  |  |
| Certified Copies          | _ Certificates    | s of Status |  |  |  |
| Special Instructions to I | Filing Officer:   |             |  |  |  |
|                           |                   |             |  |  |  |
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|                           |                   |             |  |  |  |
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Office Use Only



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OF JUN 19 AN 10: 43

SECRETARY OF STATE

R-A. Chark

C. CoulHatte JUN 1 9 2006



| ON SERVICE COMPANY.                             |                  |       |             |         | • |  |
|-------------------------------------------------|------------------|-------|-------------|---------|---|--|
|                                                 | ACCOUNT NO.      | :     | 072100000   | 0032    |   |  |
|                                                 | REFERENCE        | :     | 174809      | 4319387 |   |  |
|                                                 | AUTHORIZATION    | :     | VX.         |         |   |  |
|                                                 | COST LIMIT       | :<br> | \$ \$5.00   | enan    |   |  |
| ORDER DATE :                                    | June 13, 2006    |       |             |         |   |  |
| ORDER TIME :                                    | 9:19 AM          |       |             |         |   |  |
| ORDER NO. :                                     | 174809-010       |       |             |         | • |  |
| CUSTOMER NO:                                    | 4319387          |       |             |         |   |  |
|                                                 |                  |       |             | <b></b> |   |  |
| CHANGE OF AGENT                                 |                  |       |             |         |   |  |
|                                                 |                  |       |             |         |   |  |
| NAME: DEL-JEN, INC.                             |                  |       |             |         |   |  |
| 14211/121                                       | DEL GEN, INC.    |       |             |         |   |  |
|                                                 |                  |       |             |         |   |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |                  |       |             |         |   |  |
| CERTIFIED COPY                                  |                  |       |             |         |   |  |
| XX PLAIN                                        | STAMPED COPY     |       |             |         |   |  |
|                                                 |                  |       |             |         |   |  |
| CONTACT PERSON                                  | : Heather Chapma | an    |             |         |   |  |
|                                                 | EY               | MTI   | תדואד פיסים | TAT.C.  |   |  |

## 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 617.150 statement of change is submitted for a corporation organized under the laws of the in order to change its registered office or registered agent, or both, in the                                                                                                                                                       | he State of California                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 1. The name of the corporation: DEL-JEN, INC.                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |
| 2. The principal office address: 6700 Las Colinas Boulevard, Irving, TX 75039                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |
| 3. The mailing address (if different):                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
| 4. Date of incorporation/qualification: March 5, 1998 Document number                                                                                                                                                                                                                                                                                                                                  | r:F98000001281                                                                                                  |
| 5. The name and street address of the current registered agent and registered office Florida Department of State:                                                                                                                                                                                                                                                                                      | e on file with the                                                                                              |
| NRAI Services, Inc.                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |
| 2731 Executive Park Drive, Suite 4                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| Weston, FL 33331                                                                                                                                                                                                                                                                                                                                                                                       | T., 2                                                                                                           |
| 6. The name and street address of the new registered agent (if changed) and /or re (if changed):                                                                                                                                                                                                                                                                                                       | 2006 JUN 1 9 SECRETARY ALLAHASSE                                                                                |
| Corporation Service Company                                                                                                                                                                                                                                                                                                                                                                            | # # # # # # # # # # # # # # # # # # #                                                                           |
| 1201 Hays Street                                                                                                                                                                                                                                                                                                                                                                                       | D<br>PH 3:<br>OF STA<br>S. F.L OF                                                                               |
| (P.O. Box NOT acceptable)                                                                                                                                                                                                                                                                                                                                                                              | : 15<br>ATE<br>RIDA                                                                                             |
| Tallahassee, FL 32301  The street address of its registered office and the street address of the business as changed will be identical.                                                                                                                                                                                                                                                                | office of its registered agent,                                                                                 |
| Such change was authorized by resolution duly adopted by its board of directo authorized by the board, or the corporation has been notified in writing of the                                                                                                                                                                                                                                          |                                                                                                                 |
| (Signature of an officer or director)  Maureen Cullen, Attors (Printed or ty                                                                                                                                                                                                                                                                                                                           | ney In Fact<br>pped name and title)                                                                             |
| I hereby accept the appointment as registered agent and agree to act in this call further agree to comply with the provisions of all statutes relative to the proposition of my duties, and I am familiar with and accept the obligation of my position a document is being filed merely to reflect a change in the registered office address corporation has been notified in writing of this change. | spacity,<br>ver and complete performance<br>is registered agent. Or, if this<br>vess, I hereby confirm that the |
| By: Wille R James Jule (Signature of Registered Agent)                                                                                                                                                                                                                                                                                                                                                 | 14 2006<br>Date)                                                                                                |
| If signing on behalf of an entity:                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |
| Michelle R. Vannoy, Asst. Vice President  (Typed or Printed Name)                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |

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 \* \* \*