F98000001694

| (Re | equestor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ac | ldress) | | | |
| (Ac | idress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
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ALLIAHASSEE, FLORID.

Marin St.



FILING REQUEST

March 1, 2006

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

VERIFICATIONS FOR BUSINESS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK # 21991 FOR \$ 35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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

| change is submi | provisions of sections 607.0502, 617.0502 itted for a corporation organized under the gistered office or registered agent, or both, | | this state | ment of in orde | |
|---|---|--|---------------|-----------------------------|--------------|
| 1. The name of | the corporation: Verifications for Busine | ess, Inc. | | | _ |
| 2. The principal | office address: 6900 Wedgewood Road I | North, Suite 120, Maple Grove MN 5531 | 11 | | _ |
| 3. The mailing a | address (if different): | | | | _ |
| 4. Date of incorp | poration/qualification: 03/25/1998 | Document number: F98000001694 | | | - |
| | d street address of the current registered agreement of State: | ent and registered office on file with the | | | |
| | CT Corporation System | | • | | |
| | 1200 S Pine Island Rd | | | 190 | |
| | Plantation, FL 33324 | | RETA AHAS | AR - | 1 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | RY OF ST | -6 PH12: | | |
| | NRAI Services, Inc. | | AIL. | 59 | |
| | 2731 Executive Park Drive, Suite 4 (P.O Box or personal magnetic properties of the personal magnetic | nillau NOT acceptable) | - | | |
| | Weston, FL 33331 | andox (10) acceptable) | | | |
| The street addre | | ddress of the business office of its register | - red agen | t, as | |
| | | by its board of directors or by an officer s | | | , |
| 7-15 | Thouse | Timothy J. Thompson, VP of L | icensing | / | <u>-</u> |
| NRAI Services | , Inc. | (Printed or typed name and till agree to act in this capacity, tes relative to the proper and complete pe of my position as registered agent. Or, if ffice address, I hereby confirm that the co | · · | ce of m ument i n has | y is |
| If signing on be | half of an entity: | | | | |
| Melissa Hobbs (Typed or Printed Name) | | Assistant Secretary (Capacity) | | | _ |

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