ACCOUNT NUMBER:_	FCA000000005	
REFERENCE: (Sub Account)	20 13905-1	
DATE:	1-19	
REQUESTOR NAME:	LEXIS	0000027463405
		<del></del>
ADDRESS:		99 TALL
-		JAN JAN
-		SSE 19
TELEPHONE: (_	) () ex	E.F.COF ST
CONTACT NAME:		ORIDA ORIDA
CORPORATION NAME:_	ML Services,	
DOCUMENT NUMBER: (if applicable)		
AUTHORIZATION: _	C. Woody	and porry
CERTIFIED COPY CERTIFICATE OF PLAIN STAMPED	(1-9) STATUS (1-0)	Paint
Call When Read Walk In Mail Out	Y ( ) Call if Problem ( ) Will Wait	( ) After 4:30 ( ) Pick Up
••		DIVIS.
		RECEIVED 99 JAN 19 PM 12: 43
. De	Yao	EIVEL PMD: 4: RPORATIO
	1	¥ 3 )

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Florida Department of State, Sandra B. Mortham, Secretary of State

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

me unaersiar	ned corporation organized und llowing statement in order to cha te of Florida.	der the laws of the State	of a
1a. The name of	of the corporation is: ML Ser	vices, Inc.	·
1b. The mailing	address of the corporation is:	624 Ellis Street, August	a, GA 30901
1c. Date of inc	orporation: 3-25-98 (qual. date)	Document number:F9800	00001699
2. The name a	and address of the current register C T CORPORATION SYSTEM	ed agent and office:	TALLEC J
	1200 South Pine Island Road		
	Plantation, FL 33324		SSEE PR
3. The name an	d address of the new registered ag	gent and office:(P.O. Box <b>N</b> ot Ad	
	Lexis Document Services Inc. 3953 WW Kelley Road		
	Tallahassee, FL 323		
The street add registered agent	ress of its registered office and t t, as changed, will be identical.	he street address of the bus	iness office of its
	ras authorized by resolution duly a	dopted by its board of director	rs or by an officer
Ken	Quar.	Jan. 14, 1999	<u> :                                  </u>
(Signature o	of an officer, chairman or airman of the board)	(Date)	
4 -	URRIL Sec.		
	typed name and title)		
I further agree	amed as registered agent and to be sereby accept the appointment as reto comply with the provisions of f my duties, and I am familiar wint.	egistered agent and agree to a	ctin this capacity.
Cullon	of Mackey autser	Jan. 14, 1999	. <u> </u>
(Signature	f Registered Agenti	(Date)	
If signing on bei	half of an entity:		<del>=</del>
Anthony	E. Mackay	Aggt Sac of Town	e Document Service

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Capacity)

(Typed or Printed Name)