

LA **F980000002959**

ACCOUNT NUMBER:

REFERENCE:
(Sub Account)

DATE:

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE:

CONTACT NAME:

CORPORATION NAME:

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

☐ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

200004528782--6

35.00

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG 10 AM 11:29

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

8/13/01

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 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Nevada submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: LTC-TAMPA, INC.
2. The mailing address of the corporation is: 300 Esplanade Dr., Suite 1860
oxnard, CA 93030
3. Date of incorporation/qualification: 5-26-98 Document number: F98000002959
4. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Lexis Document Services, Inc.

3953 W.W. Kelley Road

Tallahassee, FL 32311

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Julia Kopta
(Signature of an officer, chairman or vice chairman of the board)

7-20-01
(Date)

JULIA KOPTA

Executive V.P. and General Counsel

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C. Woodward
(Signature of Registered Agent)

8-10-01
(Date)

If signing on behalf of an entity:

C. Woodward
(Typed or Printed Name)

Agent
(Capacity)

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