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(((H070001644273)))



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Division of Corporations

Account Name

: CORPDIRECT AGENIS, INC.

Account Number : 110450000714 Phone

(850) 222-1173

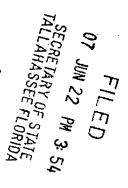
Fax Number

: (850)224-1640

REGISTERED AGENT CHANGE

TRANSCONTINENTAL SADLER SQUARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



Electronic Filing Menu

Corporate Filing Menu

Help

H07000164427 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	rovisions of sections (age is submitted for a						
	to change its register			-			
1. The name of the corporation: Transcontinental Sadler Square, Inc.							
	office address: 1800						
3. The mailing ac	dress (if different):						
4. Date of incorp	oration/qualification:	10/5/1998	Document nu	mber: F980000	05545		
	street address of the o						
	CT Corporatio	n System					
	1200 South Pi	ne Island Road	<u> </u>				
	Plantation, FL	33324			TAL SE	07	
6. The name and (if changed):	street address of the r		(if changed) and A	or registered office	CRETARY	JUN 22	<u> </u>
	2731 Executiv	e Park Drive, S	Suite 4		10 C	P	ED
	(F	O. Box NOT acceptable)		•	LON VIS	ယ္	
•	Weston, FL			<u>``</u>	DA TE	45	
The street addre	ss of its registered of be identical.	fice and the street ac	idress of the busi	ness office of its reg	gistered ag	ent.	
Such change was authorized by the	s authorized by resole heard, or the corpo	ution duly adopted to ration has been noti					
(Signalia	re of an officer or director)	<u>, , , , , , , , , , , , , , , , , , , </u>	Sabrina Tillap	paugh, Vice President and this	ident		
Thereby accept I further agree to of my duties, and document is being corporation has	the appointment as r o comply with the pr d I am familiar with ng filed merely to ref been notified in writ	egistered agent and ovisions of all statut and accept the oblig lect a change in the ing of this change.	agree to act in the es relative to the ation of my posit registered office	nis capacity. proper and complet ion as registered ag address, I hereby co	e perform ent. Or, i onfirm tha	ance f this t the	
Spring	-X/L		le/21	007			
	half of an entity:			(Date)			
	apaugh, Asst. S	ecretary				÷	
-	·	* * * FILING FEE	C: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAII. TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

H070001644273