To: +1 (850) 205-0380 Subject: 001561.57632



Florida Department of State

Division of Corporations Public Access System

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Division of Corporations.

Fax Number : (850)-205-0380

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 Phone

: (850)222-1173

Fax Number

: (850)224-1640

REGISTERED AGENT CHANGE

TRINSIC, INC.

IIN ISION OF CORPORATION

Certificate of Status Certified Copy 01 Page Count \$35.00 Estimated Charge

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To: +1 (850) 205-0380 Subject 001561.57632

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED N60002648026 FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mge is submitted for a corporation organized under the laws of the State of Delaware
	r to change its registered office or registered agent, or both, in the State of Florida. the corporation: Trinsic, Inc.
	office address: 601 South Harbour Island, Ste 220, Tampa, FL 33602
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 10-14-1998 Document number: F98000005737
	street address of the current registered agent and registered office on file with the treet of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	CorpDirect Agents, Inc.
	515 East Park Avenue
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- Kint	Victoria Neil - Assistant Secretary (Printed or typed name and title)
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
YINTA D.K	Panture of Registered Agent) October 18 2000 (Cate)
If signing on be	ehalf of an entity:
	ris - Assistant Secretary Typed or Printed Name)
	* * * FILING FEE: \$35.00 * * *
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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