F98000006951

(Red	questor's Name)			
(Add	dress)			
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(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
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C.COULLIETTE
SEP 28 2011

EXAMINER



PORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE :

925213 4377198

AUTHORIZATION

COST LIMIT

ORDER DATE: September 27, 2011

ORDER TIME : 11:06 AM

ORDER NO. : 925213-016

CUSTOMER NO: 4377198

CHANGE OF AGENT

NAME: TALLAHASSEE TECHNOLOGIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

	•	2, 607.1508, or 617.1508, Florida Statutes, vized under the laws of the State of Delawa		
in orde	er to change its registered office or registe	ered agent, or both, in the State of Florida.		
1. The name of	the corporation: TALLAHASSEE TECHN	OLOGIES, INC.		
	office address:			
1721 West	Paul Dirac Dr., Tallahassee, FL 323	10		
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 12/21/1998 Document number: F98000006				
	I street address of the current registered agament of State:	gent and registered office on file with the		
	Cletus Glasener			
	1721 W. Paul Dirac Drive			
	Tallahassee, FL 32310			
6. The name and (if changed):	I street address of the new registered agen	it (if changed) and /or registered office	3	NSIAN NSIAN
	Corporation Service Company		SEP 28	
	1201 Hays Street			
	(P.O. Box NOT acceptable)		P.	200
	Tallahassee, FL 32301		<u></u>	75 75 75 75
The street addre	ess of its registered office and the street be identical.	address of the business office of its registe	ered ag	ent,
Such change wanthorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an officer tified in writing of the change.	so	
Mari	re Calhell	Maureen Cathell, Vice President		
(Signatu	re of an officer or director)	(Printed or typed name and title)		
of my duties, and locument is beil corporation has	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. The Service Company	d agree to act in this capacity. utes relative to the proper and complete pe igation of my position as registered agent. e registered office address, I hereby confir	erforma Or, if rm that	ance this the
By: $\subseteq \mathcal{L}$		09/27/2011		
8 (Sig	nature of Registered Agent)	(Date)		_
f signing on bel	half of an entity:			
Sylvia Queppe	et, Asst. Vice President			
(T	yped or Printed Name)			
	* * * FILING FF	F · \$25 AA * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
5 (8/05)