F99000003673

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
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11/20/06--01059--013 **35.00



COVER LETTER

TO: A	mendment Section ivision of Corporations	
SUBJECT	r: AVOCENT SERVICES CORP.	
	(Name of Corp	oration)
DOCUM	ENT NUMBER: F99000003673	
The enclo	sed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please reti	urn all correspondence concerning this matter to	the following:
	GALE SMITH-CAMP	
	(Name of Contac	et Person)
	LINIOTATION INC	
	UNISEARCH, INC. (Firm/Comp	ony)
	(Finiveonip	any)
	1903 21st STREET	
	(Address	
	SACRAMENTO, CA 95814	
	(City/State and 2	•
For furthe	r information concerning this matter, please call:	
GALE S	MITH-CAMP	st (916) 456-4111
	(Name of Contact Person)	at (916) 456-4111 (Area Code & Daytime Telephone Number)
Enclosed i	is a \$35.00 check made payable to the Department	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of TX er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: AVOCENT SERVICES CORPDRATION
	office address: 4991 CORPORATE DRIVE, HUNTSVILLE, AL 35805 , FL 33324
	address (if different): 9911 Willows Road N.E., Redmond, WA 98052-2531
4. Date of incorp	poration/qualification: 11/23/1994 Document number: F9900003673
	d street address of the current registered agent and registered office on file with the rtment of State:
	CT Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324 S
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office SRR 20
	NRAI Services, Inc. □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
	2731 Executive Park Drive, Suite 4
	(P.O. Box NOT acceptable) Weston, FL 33331
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
γ	Gale E. Smith-Camp, Vice-President (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation has	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 of all am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
A Sign	mature of Registered Agent) (Date)
V	half of an entity:
	-Camp, Asst Secty
	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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