Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 : (850)521-1000 Phone

Fax Number : (850) 558-1575

## REGISTERED AGENT CHANGE

LABONE, INC. OF KANSAS

0	Certificate of Status
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Corporate Filing Menu

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

statement of char	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organis r to change its registered office or register	ved under the laws of the State of $\overline{ ext{Mis}}$	souri		
1. The name of t	he corporation: LABONE, INC. OI	FKANSAS			
2. The principal	office address: 10101 Renner Boul	evard, Lenexa, KS 66219-97	'52		
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 10/29/1999	Document number: F9900000	)6381		
	street address of the current registered ag	ent and registered office on file with th	e		
	NRAI Services, Inc.				
	2731 Executive Park Drive, Su	ite 4	2009 TALL		
	Weston, FL 33331		2009 OCT 21 SECRETAR TALLAHASS		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company  1201 Hays Street					
	Corporation Service Company		မ်ာ့ မြေ		
	1201 Hays Street		36 11E		
(P.O. Box NOT acceptable)					
	Tallahassee, FL 32301				
The street addre	ess of its registered office and the street a be identical.	address of the business office of its re	gistered agent,		
Such change was authorized by the	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an offi ified in writing of the change.	icer so		
Moure (Signatu	re of an officer of director)	Maureen Cullen, Attorney in (Printed or typed name and title)	n fact		
corporation nas	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and comple gation of my position as registered ag registered office address, I hereby co	te performance tent. Or, if this onfirm that the		
Byl	tion Service Company	10/19/2009			
(Sig	mature of Registered Agent)	(Date)	<del>, , , , , , , , , , , , , , , , , , , </del>		
If signing on be	half of an entity:				
Michelle R.					
(T	yped or Printed Name)	D 404 40 4 4 4			
* * * FILING FEE: \$35.00 * * *					