Fax Server



Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850) 521-1000 : (850)558-1515 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE SCRIPTFLEET, INC.

	,
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CR2E045 (8/05)

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

statement of ch	provisions of sections 607.0502, 617.0502, unge is submitted for a corporation organizer to change its registered office or register	red under the laws of the State of Flori	da
	the corporation: SCRIPTFLEET, INC.	,	
2. The principa	office address: 5590 Ulmerton Road, C	learwater, FL 33760	
2. The principa	office domess.		
3. The mailing	address (if different): PO Box 6814, Cle	arwater, FL 33758	
4. Date of incom	poration/qualification: 01/23/1984	Document number: G80195	
	d street address of the current registered agritment of State:	ent and registered office on file with the	e
	Richard Smith		
	5590 Ulmerton Road		7 <u>8</u> 1
	Clearwater, FL 33760		O API
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		BID APR IL A	
	Corporation Service Company		AH 9:
	1201 Hays Street		9: 32 TATE LORID
	(P.O. Box NOT acceptable)		1.
	Tallahassee, FL 32301		
The street add as changed wi	ess of its registered office and the street a l be identical.	ddress of the business office of its rep	gistered agent,
Such change v authorized by	as 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.	CET SO
_aud	Manufact of an chipce of pirectory	Andee Althoff, Assistant Secretar	· · · · · · · · · · · · · · · · · · ·
I hereby acc I further agr of my duties document is corporation	ept the appointment as registered agent and each to comply with the provisions of all state and I can familiar with and accept the oblibeing Aled merely to reflect a change in the has been notified in writing of this change ation Scrvice Company	d agree to act in this capacity, ues relative to the proper and complete gation of my position as registered age e registered office address. I hareby co	s performance ent: Or if this nfirm that the
By: S	(Signature of Regist/red Agent)	4-14-2010 (Date)	A STATE OF THE STA
If signing of	behalf of an entity:		
	ppet, Asst. Vice President		
	(Typed or Printed Name)	and the Markey of	
معسلم موجودوه والمالة المحرورات	* * * FILING FI	The state of the s	
	MAKE CHECKS PAYABLE TO FIX	ORIDA DEPARTMENT OF STATE	4