	,	
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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ACCOUNT NO. : 072100000032 REFERENCE: 295337 7312074 AUTHORIZATION COST LIMIT ORDER DATE: October 30, 2007 ORDER TIME : 9:18 AM ORDER NO. : 295337-140 CUSTOMER NO: 7312074 CHANGE OF AGENT NAME: GLENROE TECHNOLOGIES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Doreen Wallace -- EXT# 2928

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

statement of cha	•	t, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Florida	
	the corporation: Glenroe Technolog	,	
1. The name of t	1012 44th Avenue	Foot	
	office address: 1912 44th Avenue	Cast	
Bradento	n, FL 34203		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 12/13/1988	Document number: K51154	
	d street address of the current registered ag rtment of State:	ent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Rd		
	Plantation, FL 33324	SAR - M	
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered office	
	1201 Hays Street	N. S.	
٠.,	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Man	- w	Maureen Cullen, Attorney In Fact	
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change. It is Seen notified in writing of this change.	(Printed or typed name and title) I agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
By: \mathcal{J}	of m Grapet	October 24, 2007	
Sig	grature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
	opet, Asst. VP		
(1	* * * FILING FE	E: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)