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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR

MAR 25 2010

EXAMINER

SECRETARY OF STATE STATE OF CORPORATIONS



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 306294 7740170

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 5, 2010

ORDER TIME : 11:56 AM

ORDER NO. : 306294-052

CUSTOMER NO: 7740170

CHANGE OF AGENT

NAME: CNI INFORMATION TECHNOLOGY,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 company submits the following statement in order to chin the State of Florida. 1. Name of the limited liability company: CNI INFO	108, Florida Statutes, the undersigned limited ange its registered office or registered agent,	piabili of bot
1. Name of the limited liability company: CNI INFO	RMATION TECHNOLOGY, LLC	ુ જ
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	Suite 2219	
	Norman, OK 73707-1	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2600 John Saxon Boulevard Suite 2219	
	Norman, OK 73071	
June 30, 2008	M08000003110	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:	
Registered Agent:	NRAI Services, Inc.	_
Registered Office Address:	2731 Executive Park Drive Suite 4	
	Weston, FL 33331	~ ~
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee ,FL 32301	- -
If the limited liability company is not organized under the that after the change or changes are made, the Florida strength of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. Signature of a member or authorized representative of a member)	eet address of the registered office and the busi case of a Florida limited liability company, it it I by an affirmative vote of the members of the l	iness is limited
Blanca Lozada, Authorized Person (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to the confirmation service from the confirmation of the confirmation service from the confirmation of the confirmation o	agree to act in this capacity. I further agree to roper and complete performance of my duties, n as registered agent as provided for in Chapta change in the registered office address, I hereed in writing of this change.	and I er 608 by

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00