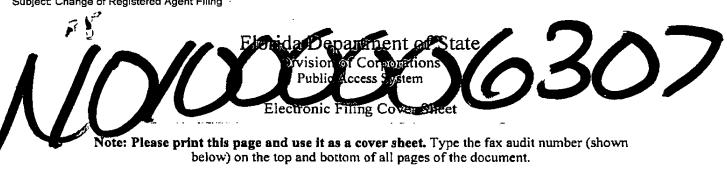
To: Florida Division of Corporations Subject: Change of Registered Agent Filing From: Nichole Stone

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(((H070002589873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850)224-1640

REGISTERED AGENT CHANGE

FLORIDA RESEARCH CONSORTIUM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

		7.0502, 607.1508, or 617.1508, Florida Statute rganized under the laws of the State of Floric	
		egistered agent, or both, in the State of Florida	
1. The name of th	e corporation: Florida Research	Consortium, Inc.	
2. The principal o	ffice address: 150 S. Monroe S	treet, Suite 300	
	Tallahassee, Fl	L 32301	
3. The mailing ad	dress (if different): P.O. Box 10	1331	
	Tailahassee,		
4. Date of incorpo	pration/qualification: 09/05/200	1 Document number: N01000006	3307
5. The name and : Florida Depart		red agent and registered office on file with the	
	American Information	on Services, Inc.	
_	1 S.E. Third Avenue	e, Suite 2800	4.0
	Miami, FL 33131		AECH SECH
6. The name and : (if changed):	street address of the new registered	agent (if changed) and /or registered office	OT OCT 18 SECKETARY TALLAHASS
	CorpDirect Ag	gents, Inc.	SEE. F
	515 E. Park A	Avenue	F ST 9
•	(P.O. Box NOT accer	puble)	
-	Tallahassee,	FL 32301	A
The street addres as changed will b	ss of its registered office and the si be identical.	treet address of the business office of its regi	istered agent,
Such change was	s authorized by resolution duly ad- kpoard, or the corporation has been	opted by its board of directors or by an office on notified in writing of the change,	er so
3		D. W. W. S.	T
, , , ,	he appointment as registered age of comply with the provisions of all of a familiar with and accept the office merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity, is the state of the state of the proper and complete earlight of my position as registered age in the registered office address, I hereby colonge.	e performance ent. Or, if this nfirm that the
Turk	Assistant Secretary	10/18/2007	
If signing on beh	nature of Refusered Agent)	(Date)	
Ricky Soto	-	• •	
	/ped or Printed Name)	•	
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR3E045 (8/05)