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ALLAHASSEF FINALE

LA Change C.COULLIETTE

OCT 282308

EXAMINER

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

Pursuant to the pi statement of chan in order		for a corpo	oration organi	zed una	ler the la	ws of the S	State of _	IF/O	,	<u> </u>
1. The name of th	e corporation:	K9	Forensi	CS	Rece	very	Tec	im,	TN	٥
2. The principal o		207	2 Cars	on	Avc.			·		
		Spri	ng the	<u> </u>	FC	<u>346</u>	08			
3. The mailing ad	dress (if differen	nt):	<u> </u>		<u> </u>					
4. Date of incorpo	oration/qualificat	tion: Ju	ly 23,2	<u>υυ3</u> Do	ocument i	number: _	N0.3	0000	02	329
5. The name and s Florida Departi		the curren	t registered ag	ent and	registere	ed office o	n file wi	th the		
_	Sam	Peoe	nella					TA:S	0	
	_	Cars	٨					C A	30.8	<u> ជនខ្មែរ</u> ខ្ម
-	Sama	1 1.			1.1.15			AS	121	enversers • * Z &
-	. Sprin	x +u	ll, th	01	4008			-134 0 XX	- P	
6. The name and so (if changed):	street address of	the new re	egistered agent	t (if cha	nged) and	d /or regis	stered off	F STAI	1 2:5	Error)
-	HAROL	D J.	HOTCHIN	Som.	J7.			_Dri	-	
-	8447	(P.O. Box	NOT acceptable)) <u>O</u> .	57R,x	10 H,1	1, Fr.	346	ط د	
The street addres as changed will be	ss of its registere be identical.	ed office a	nd the street a	address	of the bu	usiness of	fice of it	s regist	ered a	igent,
Such change was authorized by the	authorized by a board, or the c	resolution orporation	duly adopted has been not	by its l	board of writing	directors of the cha	or by an ange.	officer	so	
(Signaturo	of an officer or direct	tor		Ia	y FOI	nted or types	M I name/and	V.P		
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment of comply with the I I am familiar w og filed merely to been notified in	as registe e provisio vith and a preflect a writing oj	red agent and ons of all statu ccept the oblig change in the f this change.	d agree ites rela gation (registe	to act in ative to th of my pos ered offic	this capa he proper sition as i ce addres.	acity. and con registere s, I herel	nplete p d agent by confi	erfori Or, irm the	nance if this at the
Harry	nature of Registered A	gent)			10-	19 - U . (Date	8 e)			
If signing on beh	alf of an entity:			•						
(Ту	ped or Printed Name)	.								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *