Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

INVESTORSHUB.COM, INC.

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Corporate Filing Menu



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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organized	
in order to change its registered office or registered	
1. The name of the corporation: INVESTORSHUB.C	•
2. The principal office address: 100 W Main, Box 29.	Freeman MO64746
2. The principal office address: 100 W Matrix, 15022	110011111,111007710
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/14/2000	Document number: P00000037816
5. The name and street address of the current registered agent Florida Department of State:	t and registered office on file with the
Thompkins White	925
1650 Summit Lake Dr., Suite 10	13
Tallahassee, FL 32317	
6. The name and street address of the new registered agent (if changed):	f changed) and /or registered office
Corporation Service Company	
1201 Hays Street	· · · · · · · · · · · · · · · · · · ·
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street address changed will be identical.	bress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notifi	its board of directors or by an officer so ed in writing of the change.
Character of the Officer of director)	Elizabeth A. Dawson, Attorney In Fact
I hereby accept the appointment as registered agent and a l further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligate document is being filed merely to reflect a change in the recorporation has been notified in writing of this change.	gree to act in this capacity. Trelative to the proper and complete performance tion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the
Corporation Service Company By:	7-1-05 (Date)
(5/20 there of Registerfor Agent)	(Date)
If signing on behalf of an entity:	
Sylvia Queppet, Asst. VP	
* * * FILING FEE:	ድ ንፎ በብ ቁ ል ቁ
PLUM PLE:	4.7.1.00 · · · · · · · · · · · · · · · · · ·

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)