

P02000109 311

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14 MAY 12 AM II: 19 SEORETAKE LA STATE TALLAHASSEE, FLORIDA

MAY 2 3 2014 C. CARROTHERS



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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State of	Florida
1. The name of t	he corporation: INSPIRED TECHN	NOLOGIES OF NORTH FLOR	IDA, INC.
2. The principal 2700 Blair	office address:stone Road, Suite E, Tallahasse	ee, FL 32301	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/09/2002	Document number: P0200	0109311
	I street address of the current registered timent of State: (If resigned, enter resigned)	-	ith the
	Craig Goodson		
	3158 Dunbar Lane		景路 七
	Tallahassee, FL 32301		MAY 12 MIII: 19
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company		
	1201 Hays Street		2
		IOT acceptable	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of it	s registered agent,
Such change was authorized by the	ns authorized by resolution duly adopt the board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so
Oc	76 X	Dona Priebe, Vice Preside	nt
•	re of an officer or director	Printed or typed name and lit	
performance of agent. Or, if the hereby confirm	the appointment as registered agent of comply with the provisions of all stay duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified in Service Company	and agree to act in this capacity. atutes relative to the proper and con I accept the obligation of my position eflect a change in the registered offic I in writing of this change.	nplete n as registered ce address, I
	Selin Ouepet naturable Registered Agent	05/09/2014	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Sylvia Quep	oet, Asst. VP		
7	yped or Printed Name		

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