## Electronic Filing Cover Sheet

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(((H060001316573)))

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To:

Division of Corporations

Fax Number

: (850)205-038D

Prom:

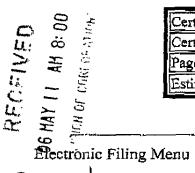
: AKERMAN SENTERFITT - TAMPA Account Name

Account Number : I20000000249 Phone : (813)223-7333

Fax Number : (813)223-2837

## REGISTERED AGENT CHANGE

CONCEPT SOURCING, INC.



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

Corporate Filing Menu

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## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Concept Sourcing, Inc.	
2. The principal office address: P.O. Box 48884, Tampa, FL 33647	
2. The principal office address: 1.0. Bbx 40004, Fathpa, FE 00047	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/04/2004 Document number: P04000024379	
5. The name and street address of the current registered agent and registered office on file with the  Florida Department of State:	
William Kalish	
100 S. Ashley Drive, Suite 1500	
Tampa, FL 33602	
100 S. Ashley Drive, Suite 1500  Tampa, FL 33602  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  American Information Services, Inc.	
American Information Services, Inc.	
401 E. Jackson Street, Suite 1700	
Tampa, FL 33602	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Peter L. Kramer, Director (Printed or typed (page and title)	
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered affice address, I hereby confirm that the corporation has been notified in writing of this change.	
State State 5-11-06 (Signature of Rogistered Agent) (Date)	
If signing on behalf of an entity:	
Deborah L. Evans	
(Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  CR2E045 (8/05)	

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