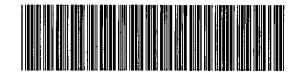
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COMDATA PARTNERS CORP (Name of Corporation)
DOCUMENT NUMBER: P 06 000 153126
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAGALY TRAVIESO (Name of Contact Person)
PRONTEK, INC (Firm/Company)
275 FONTAINE BLEAU Blud St 172 (Address)
MIAMI, FL 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
MAGALY TRAVIESO at (305) 221-7320 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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

. The name of u	he corporation:	COMDATA	A PAR	TNERS	CORP
. The principal	office address:	6310	NW C	79 AUR	,
		DORI	7L, FL	33178	? ————————————————————————————————————
. The mailing ac	ddress (if different):				
Date of incorp	oration/qualification	1: 01/02/2	007 Docume	ent number: <u>Pc</u>	0600015312
The name and Florida Depart	street address of the tment of State:	current registered	agent and regist	tered office on fil	e with the
	GUTI	ERREZ,	4ARIO	sR	
	843	ERREZ, A	72 ST	P	
		PMI, FL			
. The name and (if changed):	street address of the			-	d office, SEC
	607	1ERREZ, 10 NW (P.O. Box NOT acceptable	MARIC	o SR	AHAZ JUN T
	63	10 NW	99 AI	ve	FILED UN -8 PH 4: TARY OF STATASSEE FLORI
	Da	(P.O. Box NOT acceptable RAL, FL	^{ie)} ->>/ -	7 <i>8</i>	FFL S
					TATE:
					of its registered agent,
Such change wa authorized by th	s authorized by res	olution duly adopte oration has been r	ed by its board otified in writi	of directors or bing of the change	y an officer so
1/2	re of an officer or director	_			ene Juice-President
			and agree to act stutes relative to bligation of my the registered of the	t in this capacity o the proper and position as regis office address, I h	, d complete performance stered agent. Or, if this hereby confirm that the
· lai	mature of Registered/Agen	nt)		6/5/=	2007
(Dig	The of Hogiston of High	"		, (15410)	•

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