(Requestor's Name)	
(Address)	600115739
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/04/0801015008
(Document Number)	T <sub>A</sub> C
Certified Copies Certificates of Status	SECRE TARY
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2008 FEB -4 PM 1:50

## COVER LETTER

Division of Corporations	
SUBJECT: Mercury Process Services, I	of Corporation)
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	natter to the following:
Mandy A. Cunningham	
(Name	of Contact Person)
Mercury Process Service's	
(Fi	m/Company)
5331 Dugdale Rd.	
•	(Address)
Jacksonville, FL	ate and Zip Code)
For further information concerning this matter, pl	•
ror further information concerning this matter, pr	ease can.
Mandy A. Cunningham	at (904) 647-9730 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the D	Department of State.
Mailing Address: Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section  ns Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

_		17.0502, 607.1508, or 617.1508, Florida Statutes, this	
_		organized under the laws of the State of Florida	
in orde	r to change its registered office or	registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Mercury Process	Services, Inc.	
2. The principal	office address: 5331 Dugdale Rd.	Jacksonville FL	
	· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	ddress (if different): 4495-304 Ro	psevelt Bivd. #106, Jacksonville, FL 32210	
4. Date of incorp	poration/qualification: January 20	Document number:	
	I street address of the current registment of State:	ered agent and registered office on file with the	
	John Seda Jr	_	
	5375 Ortega Farms Blvd.	#902 TALL SEC #	T.
	Jacksonville, FL 32210	EB -	ACTORNIA STATEMENT I
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	
	Elizabeth Hanceross	1:50 STATE FLOR	
	5331 Dugdale Rd.,		
	(P.O. Box NOT a	cceptable)	
	Jacksonville, FL 32210		
The street address changed will	ess of its registered office and the	street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has been seen as a seen	adopted by its board of directors or by an officer so een notified in writing of the change.	
W		Mandy A. Cunningham	
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered as to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	(Printed or typed name and title)  tent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this te in the registered office address, I hereby confirm that the hange.	
1 las	100	January 30, 2008	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	shalf of an entity:		
(1	Typed or Printed Name)	-	
	* * * FILE	NG 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)