P10000034224

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	/AIL			
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE TALL ATTESSEE, TOORIDA

Affro Change

FEB 18 2014 T. CARTER



ION SERVICE COMPANY.						
ACCOUNT NO. : 12000000195						
REFERENCE : 011860 7690889						
AUTHORIZATION : Spell de par						
COST LIMIT : \$35.00						
ORDER DATE : February 12, 2014						
ORDER TIME : 10:39 AM						
ORDER NO. : 011860-005						
CUSTOMER NO: 7690889						
CHANGE OF AGENT						
VIVII 0.VVVII.DE GODDODI.DEG.						
NAME: ONYXWARE CORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Susie Knight EXT# 52956						
EXAMINER:						

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			y and the state of	or of arms and decide to a more decided decided and apply apply and other
,				
STATEM	MENT OF CHANGE OF RE	EGISTERED OFFICE OR REGISTERS FOR CORPORATIONS	ED AGENT OR	
		502, 617.0502, 607.1508, or 617.1508, Flor ration organized under the laws of the State	1,11,11	
		ration organized under the taws of the State ice or registered agent, or both, in the State		
	the corporation: Onyxware C	· · · · · · · · · · · · · · · · · · ·	-	
	office address: 4450 W Eau	Gallie Blvd, Suite 240		
Melboume,	FL 32934-7277			
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 04/20	/2010 Document number: P100	000034224	
5. The name an	nd street address of the current	registered agent and registered office on fil	le with the	
	artment of State: (If resigned, o		14	
	CARROLL, CHARLES			
	2105 CYPRESS LAKE DRI	VE	- 2	SSE
	GRANT, FL 32949			Maria
			<u> </u>	
		gistered agent (if changed) and /or registered		āĀ.
(if changed):				3
•	Corporation Service Compa	any		
	1201 Hays Street			
		P.O. Box NOT acceptable	. :	*
•	Tallahassee	FL 32301		
The street addr	ess of its registered office an	d the street address of the business office of	of its registered ager	nt
		luly adopted by its board of directors or by	= = = = = = = = = = = = = = = = = = = =	2. 2 4
authorized by	the board of the corporation	has been notified in writing of the change.		
100	101. W(Mark M. Snell, CFO		
	ure of an officer or director	Printed or typed name at	nd tule	
I further marne	to comply with the provision	ed agent and agree to act in this capacity, is of all statutes relative to the proper and	complete :	
performance of	f my duties, and Lam familia bis document is being filed m	r with and accept the obligation of my post erely to reflect a change in the registered (uton as registerea .	
nereby confirm	nhat the corporation has been on Service Company	en notified in writing of this change.	. 17	
By: Que	Kent	2-12-,	14:	
· <u> </u>	gnature of Registered Acri	Date	· •	
lf-signing on b	ehalf of an entity: Sue G.	(night		
	Assistant Vice) Flezioein		
	Typed or Printed Name	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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