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To:

Division of Corporations

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From:

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: CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone

: (850)222-1173

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REGISTERED AGENT CHANGE DOMESTIC READINESS SOLUTIONS INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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: DOMESTIC READINESS SOLUTIONS INC.
2. The principal office address: 9106 IMPERIAL CT
BRYCEVILLE FL 32009 US
3. The mailing address (if different): POST OFFICE BOX 158 BRYCEVILLE FL 32009 US
4. Date of incorporation/qualification: 08/16/2011 Document number: P11000073199
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT, SUITE A FE
TAMPA FL 33612 US
6. The name and street address of the new registered agent (if changed) and /or registered office;
NRAI SERVICES, INC.
515 EAST PARK AVENUE
P.O. Box NOT acceptable
TALLAHASSEE, FL 32301
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.
Signature of an officer of director GEONGE Printed or typed name 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 office address, I hereby confirm that the corporation has been notified in writing of this change.
MMile Tolk 2/25/13 Signature of Registered Agent
If signing on behalf of an entity;
MICHELE HOLDEN, ASST SECT 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

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