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Fax Number : (850)617-6380

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## REGISTERED AGENT CHANGE CLICKS BUTLER, INC.

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5/18/2011

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

•	•		607.1508, or 617.1508, Fla ed under the laws of the Stat		
			ed agent, or both, in the State		
i. The name o	f the corporation; CLICKS	BUTLER, INC.	•		
2. The principa	al office address: 3100 Mo	nticello Ave, Suite	350, Dalias, TX 75205		
	· · · · · · · · · · · · · · · · · · ·				
3. The mailing	address (if different):	· · · · · · · · · · · · · · · · · · ·			
4. Date of inco	orporation/qualification:	07/25/1998	Document number:		
	nd street address of the cur artment of State: (If resign		ant and registered office on f	le with the	
	Lauren Sabelli				
	1455 Semoran Blvd. Nor	th, #291			
	Casselborry, FL 32707				
6. The name at (if changed)		v registered agent	(if changed) and /or registen	2011 HAY 19	
	C T Corporation System				
•	c/o C T Corporation Syst	em, 1200 South Pi	ne Island Road	<u>~ ````````````````````````````````````</u>	
		P.O. Box NOT	ecoeptable		1
	Plantation, Florida 33324	<u> </u>		တို့ မွှ	
-			ddress of the business offic		
Such change v authorized by	was authorized by resolut the board, or the corpora	ion duly adopted tion has been not	by its board of directors or fied in writing of the chang	by an officer so	
Maria Signa	BAUTZ		MARIA OZASTA Prioded or typed num	, VICE - ARBELDENT	
I hereby accept further agreed of my duties, a document is be corporation hereby	ot the appointment as reg e to comply with the prov and I am familiar with an eing filed merely to reflec as been notified in writin	istered agent and isions of all statu d accept the oblig it a chunge in the g of this change.	agree to act in this capacit tes relative to the proper an ation of my position as reg registered office address, I	y, d complete performance istered agent. Or, if this hereby confirm that the	•
By: C1	T Corporation System ——		5/17/	<i>(</i>	
37.	iconture of Registered Agent		Dato	<u></u>	
If signing on	schalf of an entity:				
	Michael E. Jong	ř	•		
	Typed or Printed Name	<del>27/</del>			
	•	• • Filing Fe	E: \$35.00 * * *		
) CR2E045 (8/05)	MAIL TO: DIVISION OF CO	PAYABLE TO FLOI PRPORATIONS, P.O	RIDA DEPARTMENT OF STA D. BOX 6327, TALLAHASSE	TE B, FL 32314	

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