

794000018720

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

REGISTERED AGENT CHANGE

TRANSACTION SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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09 MAY 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5018115
06/11/09
72

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: Transaction Services, Inc.
2. The principal office address: 601 Riverside Avenue, Jacksonville, FL 32204
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/10/1994 Document number: P94000018720
5. 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)

Karin Denisco
5201 Kennedy Blvd., Suite 915
Tampa, FL 33609

6. The name and street address of the new registered agent (if changed) and/or registered office
(if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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]
Signature of an officer or director

Richard Cox SVP - Tax Officer
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.

C T Corporation System
By: Barbara A. Burke
Signature of Registered Agent

5-15-09
Date

If signing on behalf of an entity:
Barbara A. Burke
Special Assistant Secretary
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
CR2E045 (8/05)

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TALLAHASSEE FLORIDA