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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJEC	CT: STS Group, Inc. (Name of Corp	poration)	
DOCUM	MENT NUMBER: P95000000237		
The encl	losed Statement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please re	eturn all correspondence concerning this matter to	the following:	
	JJ Walsh (Name of Contact	or Person)	
	(Name of Contact	et i otson)	
Delaney Corporate Services, Ltd.			
	(Firm/Comp	pany)	
	823 Congress Avenue, Suite 225		
	(Address	s)	
	Austin, Texas 78701 (City/State and 2)	Zin Code)	
Con firmal	, ,	•	
ror turu	ner information concerning this matter, please call	•	
	JJ Walsh (Name of Contact Person)	at (512) 499.8999 (Area Code & Daytime Telephone Number)	
Enclose	d is a \$35.00 check made payable to the Departme	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section 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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida records to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	270.0
	office address: 160 Broadway, 15th Floor
New York,	
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 12/30/1994 Document number: P9500000237
5. The name and	street address of the current registered agent and registered office on file with the tment of State:
	Tri-State Employment Services
	300 West Adams Street, Suite 450
	Jacksonville, FL 32202
6. The name and (if changed):	300 West Adams Street, Suite 450 Jacksonville, FL 32202 street address of the new registered agent (if changed) and /or registered office NRAI Services, Inc.
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	(P.O. Box NOT acceptable) Weston, FL 33331
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Robert Cassera President (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this and filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
() (Sig	Anglife of legistered Agent) Date)
LISA	Phalf of an entity: Pyped 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)