

P95000080939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

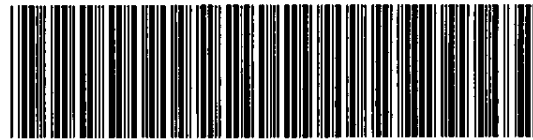
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/04/12--01026--012 **35.00

FILED
12 APR -4 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA change

APR '5 2012

T. LEWIS



**NRAI
CORPORATE
SERVICES**

Formerly Premier Corporate Services, Inc.

March 28, 2012

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
PO Box 6327
Tallahassee, FL 32314

Re: Postillon, Inc. & S1, Inc.

Dear Sir or Madam:

Enclosed are the forms, in duplicate, necessary to change the registered agent and registered office for the above captioned entities, together with checks for the required filing fees.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please do not hesitate to contact me at rblack@nrai.com or at the number listed below.

Thank you.

Best Regards,

Ryan Black

enclosures

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: Postilion, Inc.
2. The principal office address: 705 Westech Drive, Norcross, GA 30092
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/20/1995 Document number: P95000080939
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)

Corporation Services Company

1201 Hays Street

Tallahassee, FL 32301-2525

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

NRAI Services, Inc.

515 East Park Avenue


P.O. Box NOT acceptable

Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

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 or director

Dennis P. Byrnes, President & Secretary

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.

NRAI Services, Inc.

by: R. Black

Signature of Registered Agent

Ryan Black, Assistant Secretary

3/26/12

Date

If signing on behalf of an entity:

NRAI Services, Inc.

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