## P96000091234

| (Requestor's Name)                      |           |  |  |
|---|-----------|--|--|
| (Address)                               | *         |  |  |
| (Address)                               |           |  |  |
| (City/State/Zip/Phone                   | #)        |  |  |
| PICK-UP WAIT                            | MAIL      |  |  |
| (Business Entity Name)                  |           |  |  |
| (Document Number)                       |           |  |  |
| Certified Copies Certificates o         | of Status |  |  |
| Special Instructions to Filing Officer: |           |  |  |
|   |           |  |  |
|   |           |  |  |
|   |           |  |  |
|   |           |  |  |





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TO ACKNOWLEDGE FILING

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DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

2011 JUN 27 NN 10: 4:

11 JUN 27 PH 1:21

RA Charge C.COULLIETTE

JUN 27 2011

**EXAMINER** 



| ACCOUNT NO.  | :   | 12000000 | 0195     |      |
|--|-----|----------|----------|------|
| REFERENCE  | :   | 824544   | 7838299  |      |
| AUTHORIZATION  | :   |          | 1000     |      |
| COST LIMIT   | :   | \$ 35.00 | Spellece | al . |
| ORDER DATE : June 24, 2011   |     |          |          |      |
| ORDER TIME : 9:26 AM   |     |          |          |      |
| ORDER NO. : 824544-054   |     |          |          |      |
| CUSTOMER NO: 7838299   |     |          |          |      |
| CHANGE OF AGENT  NAME: TRACSTAR SYSTEMS, INC.  |     |          |          |      |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY |     |          |          |      |
| CONTACT PERSON: Jeanine Reyno  | lds |          | 2933     |      |

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

| -  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida   |                |
|--|---|----------------|
|  | er to change its registered office or registered agent, or both, in the State of Florida.   |                |
| 1. The name of t   | the corporation: TRACSTAR SYSTEMS, INC.   |                |
| • •  | l office address:   |                |
| 1551 Colleg  | ege Park Business Center Drive, Orlando, FL 32804   |                |
| 3. The mailing ac  | address (if different):   |                |
| 4. Date of incorp  | poration/qualification: 11/01/1996 Document number: P96000091234  |                |
|  | d street address of the current registered agent and registered office on file with the artment of State:   |                |
|  | David A. Provencher   |                |
|  | 10104 Newington Drive   | 42             |
|  | Orlando, FL 32836   | ARION<br>ARION |
| 6. The name and (if changed):  | Orlando, FL 32836  d street address of the new registered agent (if changed) and /or registered office  Corporation Service Company   | 60 to N        |
|  | Corporation Service Company   | 39;            |
|  | 1201 Hays Street  | A.             |
|  | (P.O. Box NOT acceptable)   |                |
|  | Tallahassee, FL 32301   | 1              |
|  | ess of its registered office and the street address of the business office of its registered agent, l be identical.   |                |
| Such change wa<br>authorized by th   | he board, or the corporation has been notified in writing of the change.  |                |
|  | Maureen Cathell, Vice President (Printed or typed name and title)   |                |
| I hereby accept I further agree to of my duties, and document is being corporation has | t the appointment as registered agen't and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. ion Service Company | 3<br>5         |
| By:  | 06/23/2011  |                |
| -  | gnature of Registered Agent) (Date)   |                |
| If signing on bel  | ehalf of an entity:   |                |
|  | oct, Asst. Vice President   |                |
| (T)  | Typed or Printed Name)  |                |

\* \* \* FILING FEE: \$35.00 \* \* \*