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FAX NO.

P. 01

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : EDWARDS & ANGELL

Account Number : 075410001517

Phone : (561) 833-7700

Fax Number : (561) 655-8719

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REGISTERED AGENT CHANGE

EDVERIFY, INC.

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DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EdVerify, Inc.
2. The mailing address of the corporation: 880 Jupiter Park Drive, Suite 3
Jupiter, FL 33458
3. Date of incorporation/qualification: 9/15/98 Document Number: P98000079720
4. The name and address of the current registered agent and office:
Angell Corporate Services, Inc.
250 Royal Palm Way, Suite 250
Palm Beach, FL 33480
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P.O. Box Not Acceptable)
✓ Angell Corporate Services, Inc.
One North Clematis Street, Suite 400
West Palm Beach, FL 33401

The street address of its registered office and the street address of the business office of its registered agent, if changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized the board.

R. Gorman May 23, 2001
(Signature of an officer, chairman or vice chairman of the board) (Date)
Robert Gorman VP, Sec'y & Treas.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Angell Corporate Services, Inc.
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

By: Jonathan E. Cole XXXXXX
(Type or Print Name) (Capacity)
Jonathan E. Cole, President

Division Of Corporations

P.O. Box 6327

Tallahassee, FL 32314