## Division of Corporations **Electronic Filing Cover Sheet**

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Account Name : CTPROCOMPLY Account Number : 120100000053 : (608)827 -5300 Phone : (608) 827 -5501 Fax Number

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dmfangman@meridiantechnologies.net

## REGISTERED AGENT CHANGE MERIDIAN TECHNOLOGIES, INC.

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Corporate Filing Menu

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1/25/2011

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, to	'his
-	change is submitted for a corporation organized under the laws of the State of Florida rder to change its registered office or registered agent, or both, in the State of Florida.	
	ruer to change in registered office or registered agent, or ooth, in the state of Florida.	
1. The name of	of the corporation: Meridian Technologies, Inc.	
2. The principal	pal office address: 5210 Belfort Road Suite 400, Jacksonville, Florida 32256	
3. The mailing a	ng address (if different):	
4. Date of incor	corporation/qualification: 9/16/1998 Document number: P98000081159	
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	F & L CORP.	
	ONE INDEPENDENT DRIVE, SUITE 1300	or =
	JACKSONVILLE FL 32202	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office (i):	25 PM
	C T Corporation System	
	1200 South Pine Island Road, Plantation, Florida 33324 P.O. Box NOT acceptable	2:52 FLORIDA
The street address changed will	dress of its registered office and the street address of the business office of its register will be identical.	red agent,
Such change wanthorized by the	was authorized by resolution duly adopted by its board of directors or by an officer sy the board, or the corporation has been notified in writing of the change.  Monteen A. Pillay, Vice-President	o
, -	nature of an officer of exector Printed or typed name and talls	<del></del>
I hereby accept I further agree of my duties, an document is bei corporation ha	ept the appointment as registered agent and agree to act in this capacity. See to comply with the provisions of all statutes relative to the proper and complete pe and I am familiar with and accept the obligation of my position as registered agent, being filed merely to reflect a change in the registered office address, I hereby confirm has been notified in writing of this change.	rformance Or, if this m that the
Mahl	Signature of Registered Agent 23rd day of December, 2010	<del></del>
	behalf of an entity:	
Mark Williams,	ns, AVP	
	M	

\* \* \* FILING PEE: \$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)