

Division of Corporations

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511032

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

MIAMI REFERRAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED  
05 JUN -6 AM 8:00  
DIVISION OF CORPORATIONS

05 JUN -6 AM 9:49  
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TALLAHASSEE, FLORIDA

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PARO

**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: Miami Referral Services, Inc.
- 2. The principal office address: 666 Grand Ave., #2900  
Des Moines, IA 50309
- 3. The mailing address (if different): Box 657  
Des Moines, IA 50303-0657
- 4. Date of incorporation/qualification: 11/06/90 Document number: 811032

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jeannette Poole  
6480 SW 133 Drive  
Miami, FL 33156

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

CT Corporation System  
c/o CT Corporation System  
(P.O. Box or personal mailbox NOT acceptable)  
1200 South Pine Island Road, Plantation, Florida 33324

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, of the corporation has been notified in writing of the change:

Paul J. Leighton Assistant Secretary  
(Signature of the officer, chairman or vice chairman of the board) (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.

By: James M. Halpin  
(Signature of Registered Agent)

June 6<sup>th</sup> 2005  
(Date)

If signing on behalf of an entity:  
James M. Halpin  
(Typed Name and Title)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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