

F99000003346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

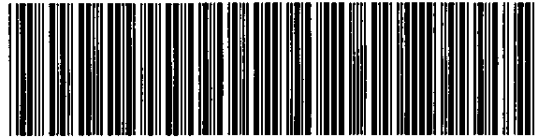
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TS
10/10/07



**CAPITOL
SERVICES**

September 26, 2007

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **TRISHA WILSON HOLDINGS, INC.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #13823 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x348 at 800-345-4647.

Thank you,

Rhonda Maybin
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trisha Wilson Holdings, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F99000003346

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhonda Maybin
(Name of Contact Person)

Capitol Services, Inc.
(Firm/Company)

P.O. Box 1831
(Address)

Austin, TX 78767
(City/State and Zip Code)

For further information concerning this matter, please call:

Harriet W. Luhnnow at (214) 999-4225
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Trisha Wilson Holdings, Inc.
2. The principal office address: 3811 Turtle Creek Blvd., Suite 1500
Dallas, Texas 75219
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-22-99 Document number: F99000003346
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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

Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
(P.O. Box NOT acceptable)
Tallahassee, Florida 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)

Peggy J. Thomas, VP-Finance, Secretary/Treasurer
(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.


(Signature of Registered Agent)

9-26-07
(Date)

If signing on behalf of an entity:

Capitol Corporate 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
CR2E045 (8/05)