## F01000000036

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(City	//State/Zip/Phone	<b>⇒</b> #)
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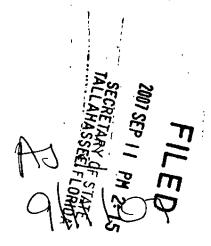
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ON SERVICE COMPANY.			
ACCOUNT NO. : 07210000032			
REFERENCE : 995775 7381620			
AUTHORIZATION Spelbelle man			
COST LIMIT : U\$ 35.00			
ORDER DATE : July 12, 2007			
ORDER TIME : 9:10 AM			
ORDER NO. : 995775-090			
CUSTOMER NO: 7381620			
CHANGE OF AGENT			
NAME: IMAGEAMERICA, INC.			
NAME: IMAGEAMERICA, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Amanda Roath			
EXAMINER'S INITIALS:			

## 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 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	f Missouri
1. The name of the corporation: IMAGEAMERICA, INC.	
2. The principal office address: 200 S Hanley, Ste 1050, Saint Louis, MO 63	3105
3. The mailing address (if different):	
4. Date of incorporation/qualification: 01/04/2001 Document number: F010	00000036
5. The name and street address of the current registered agent and registered office on file v Florida Department of State:	with the
CorpDirect Agents	7A 7
515 E. Park Ave.	DOT SEP SECRETA ALLAHA
Tallahassee, FL 32301	P II
6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):	OF STA
Corporation Service Company	_ 15 TE
1201 Hays Street	
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	_
The street address of its registered office and the street address of the business office of as changed will be identical.	its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Maureen Cullen, Attorn (Signature of an officer or director)  Maureen Cullen, Attorn (Printed or typed name an	•
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 composition of my duties, and I am familiar with and accept the obligation of my position as register document is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change.  Corporation Service Company	omplete performance red agent. Or, if this reby confirm that the
By: August 31, 2007 (Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Amy Gudgel, Asst. Vice President (Typed or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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