## F9900003059

(Requestor's Name) (Address)			
(Address)	600208865646		
(City/State/Zip/Phone #)	06/20/1101017023 **35.00		
(Business Entity Name)  (Document Number)			
Certified Copies Certificates of Status	ZIII JUN 20 SECRE MASSEE		
Special Instructions to Filing Officer:	SEE FLORIO,		
Coffice Lies Only	hen		

## **COVER LETTER**

TO:	Amendment Section Division of Corporation	as					
SUBJ	JECT:	Aveva Name of C	Inc. Corporation				
DOC	UMENT NUMBER:	F99	000003059				
The e	enclosed Statement of Char	nge of Registered Offic	ce/Agent and fee are subm	itted for filing.			
Please	e return all correspondence	e concerning this matte	er to the following:				
		Linda S	Stauffer ontact Person	<del></del>			
		NRAI Corpo	rate Services				
			ompany	<del></del>			
16055 Space Center Blvd., Suite 235							
	Houston, Texas 77062 City/State and Zip Code						
	E-mail add	ress: (to be used for	future annual report not	ification)			
For fi	urther information concern	ing this matter, please	call:				
	Linda Sta	uffer	at ( 800 )	862-5438			
	Name of Contac	t Person	Area Code & Day	862-5438 time Telephone Number			
Enclo	osed is a \$35.00 check mad	le payable to the Depai	rtment of State.				
	Amend Divisid P.O. B	g Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee, 1	Section Corporations ing ve Center Circle			

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

statement of cha	nnge is submitted for a c	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Delaware
	the corporation: Avev		nue, Suite 400, Housto	on TX 77042
2. The principal	office address:	THOMHOMA 7 (VC)		<u> </u>
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: _	06/15/1999	Document number:	F9900003059
	d street address of the curtment of State: (If resign		at and registered office on f	ile with the
	C T Corporation S	ystem		
	1200 South Pine I	sland Road		
	Plantation, FL 333	324		2111 3EC TALL
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or register	ed officess
	NRAI Services,	lnc.		L
	515 East Park Av			— Freeze
	Tallahassee, FL 3	P.O. Box NOT ac 32301	ceptable	
The street address changed will	ess of its registered offi	ce and the street ad	dress of the business offic	e of its registered agent,
			y its board of directors or led in writing of the chang	
Signatu	an officer or director		Johan Patrik Edahl, S Printed or typed nam	ecretary/Treasurer
I hereby accept I further agree of my duties, an document is bei corporation has NRAI Service	the appointment as reg to comply with the prov ad I am familiar with ar ing filed merely to refle s been notified in writin es; Inc.	gistered agent and a visions of all statute ad accept the obliga ct a change in the r ag of this change.	ngree to act in this capacit is relative to the proper an ition of my position as reg egistered office address, T	
by: V Sig	mature of Registered Agent	-	Date	
If signing on be	chalf of an entity:			
Linda Sta	uffer, Assistant Sec	retary		

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

Typed or Printed Name