J1291

(Requ	iestor's Name)				
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Charge



2/1/13



P22	ACCOUNT NO.	:	12000000195			
P22	REFERENCE	:	516215	7909462		
	AUTHORIZATION	:	well &	Cenan		
	COST LIMIT	:	\$ 35.00′			
ORDER DATE : Ja	nuary 30, 2013					
ORDER TIME : 5	:02 PM					
ORDER NO. : 51	6215-005					
CUSTOMER NO:	7909462					
	CHANGE OF A	<u>GEN</u>	<u>T</u>			
NAME:	ASSOCIATED CO	MPU	TER SYSTEMS	ş,		
PLEASE RETURN TH	E FOLLOWING AS	PR	OOF OF FILI	NG:		
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON:	Susie Knight	:	EXT# 52956			
			EXAMINER:			

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

statement of cha	e provisions of sections 607.0502, 617.050. ange is submitted for a corporation organ ler to change its registered office or registe	ized under the laws of the State of Florid	da
1 The name of	the corporation: Associated Compute	er Systems, Inc.	
	al office address: 635 W. Lumsden Rd.		
3. The mailing a	address (if different):		
4. Date of incorp	rporation/qualification: 05/06/1986	Document number: J12991	
	nd street address of the current registered agartment of State: (If resigned, enter resigned		2013
	Roy J. Jaeger	г. Э. ——————————————————————————————————	FEB F
	635 W Lumsden Rd.) <u>P</u> (1) (2)	3-1 FE
	Brandon, FL 33511		A 2
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered office	AM II: 17
	Corporation Service Company	MARKAN P. A. A. A. STATE CO. C.	
	1201 Hays Street		
	P.O. Box NOT a	acceptable	
_	ress of its registered office and the street at be identical. The resolution duly adopted the board, or the corporation has been not be a second to be a se		
Beginn	Etall	BENJAMIN ERTISCHEK, Y	VP/CFO
i jurther agree i performance of agent. Or, if thi hereby confirm	t the appointment as registered agent and to comply with the provisions of all status of my duties, and I am familiar with and active document is being filed merely to reflet that the corporation has been notified in Sepvice Company	l agree to act in this capacity, tes relative to the proper and complete cept the obligation of my position as reg ct a change in the registered office addre writing of this change.	
By	gnature of Registered Agenti	/-3/-/3 Date	
If signing on the	ile G. Knighty:		
	nt Vice President		
Ty	Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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