F02000001289

| (Requestor's Name) | | | | | | |
|---|----------|--|--|--|--|--|
| · | | | | | | |
| (Address) | _ | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | _ | | | | | |
| | | | | | | |
| PICK-UP WAIT MAIL | • | | | | | |
| | | | | | | |
| (Dusiness Entity Name) | _ | | | | | |
| (Business Entity Name) | | | | | | |
| · | <u>.</u> | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| | : | | | | | |
| Special Instructions to Filing Officer: | ٦ | | | | | |
| · | | | | | | |
| <u>.</u> | | | | | | |
| | 1 | | | | | |
| | ١ | | | | | |
| | | | | | | |
| | 1 | | | | | |
| | | | | | | |
| L | _ | | | | | |

Office Use Only



000160710780

09/17/09--01007--011

****35.00**

fa coch

SELRE MARY OF STATIONS
DIVISION OF CORPORATIONS
09 SEP 17 PH 12: 02

TROBERS SEP 1181200

September 10, 2009

VIA US REGULAR MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Einhorn Yaffee Prescott Architecture & Engineering, P.C.,

Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

Japiice Gancia

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

| statement of cha | inge is submitted for a co | rporation organized | 507.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State | e of NEW YORK |
|--|--|---|---|---|
| 1. The name of | the corporation: Einho | rn Yaffe Pres | cott,Architecture & | Engineering, P.C. |
| 2. The principal | office address: ARGUS | BLDG., BROA | DWAY AT BEAVER | |
| <u> </u> | ALBAN | Y NY 12207-29 | 72 | |
| 3. The mailing a | ddress (if different): P.C | D. BOX 617 (FIN | NANCE) | |
| | AL | BANY NY 1220 | 1-0617 | |
| 4. Date of incorp | poration/qualification: | 03/14/2002 | Document number: | F02000001289 |
| | d street address of the cur timent of State: (If resign | | t and registered office on fil | |
| | CT CORPORATIO | N SYSTEM | | a \(\frac{\lambda_{0}^{2}}{2}\) |
| | 1200 SOUTH PINE | SLAND ROAL | 0 | SER |
| | PLANTATION FL 3 | 33324 | | |
| 6. The name and (if changed): | d street address of the nev | v registered agent (i | f changed) and /or registere | OSEP 17 PAND: 02 |
| | REGISTERED AG | ENT SOLUTION | NS, INC. | ~~~ |
| | 155 Office Plaza D | | | |
| | Tallahassee, Florid | P.O. Box NOT acc | eeptable | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| The street address changed will | ess of its registered offic be identical. | e and the street add | lress of the business office | of its registered agent, |
| Such change wa authorized by th | ns authorized by resolutine board, or the corporat | on duly adopted by ion has been notifi | y its board of directors or bed in writing of the change | y an officer so |
| ALL Signatur | e of Difficer or director | - | JOHN S. POCOROF | BBA, VICE PRES |
| I jurther agree i of my duties, an document is bei | the appointment as regi to domply with the provi d I am familiar with and ng filed merely to reflec t been notified in writing | sions of all statutes I accept the obligat t a change in the re | gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I f | l complete performance stered agent. Or, if this hereby confirm that the |
| SHO Sign | nature of Registered Agent | | August. 31.200 | 8 |
| If signing on be | half of an entity: | | | |
| Sean Peo | with Asst Se | cretury | | |

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