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DEPARTMENT OF STATE
DIVISION OF CORPORATION

pop 5/9/08



IQN BERVICE COMPANY				
ACCOUNT NO). : 072100000032			
REFERENC	CE : 559720 7645359			
AUTHORIZATIO	ON Spellellenen			
COST LIMI	T : \$ 95.00			
ORDER DATE : May 6, 2008				
ORDER TIME : 9:0 AM				
ORDER NO. : 559720-040				
CUSTOMER NO: 7645359				
	·			
CHANGE OF AGENT				
NAME: SCOTT-GROSS COMPANY, INC.				
NAME. SCOTT-GROOD COMPANT, INC.				
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:			
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XX PLAIN STAMPED COPY				
CONTACT PERSON: Doreen Wallace				
	EXAMINER'S INITIALS:			

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

	•	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Kentucky
	r to change its registered office or registe	
1. The name of	the corporation: SCOTT-GROSS C	OMPANY, INC.
2. The principal		
664 Magi	nolia Avenue, Lexington, KY 4	0505
-	nddress (if different):nolia Avenue, Lexington, KY 4	
4. Date of incorp	poration/qualification: 01/17/2006	Document number: F0600000252
	d street address of the current registered agreement of State:	ent and registered office on file with the
	C T Corporation System	5. B
	1200 S. Pine Island Road	
	Plantation, FL 33324	o de la constantina della cons
6. The name and (if changed):	d street address of the new registered agen	
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
1 Jan	un lull	Maureen Cullen, Attorney in Fact
I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the speed of the change in the speed of the change.	(Printed or typed name and title) If agree to act in this capacity, ttes relative to the proper and complete performance gation of my position as registered agent. Or, if this exercistered office address, I hereby confirm that the
By:	tion Service Company	May 2, 2008
(Si	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	•
	ppet, Asst. VP	
(*	Typed or Printed Name)	E. \$25.00 * * *
	* * * FILING FE	E: 433:00 " " "

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)