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## REGISTERED AGENT CHANGE VAN ZANDT, EMRICH & CARY, INCORPORATED

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## COVER LETTER

Amendment Section

Division of Corporations Van Zandt, Emrich & Cary, Incorporated SUBJECT: Name of Corporation F09000001394 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

FL006 - 05/16/2012 Wolton Klawer Onland

## 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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Kentucky in order to change its registered office or registered agent, or both, in the State of Florida.				
	the corporation: Van Zandt, Enrich &			
1. The name of	office address: 12401 PLANTSIDE D	DR., LOUISVILLE KY 40299	·	
z. The principal	office address:			
3. The mailing a	address (if different): P.O. BOX 99565	S, LOUISVILLE KY 40269		
4. Date of incor	poration/qualification: 04/06/2009	Document number: F09000001394		
5. The name and		red agent and registered office on file with the signed)		
	CORPORATION SERVICE COMPA	NY		
	1201 HAYS STREET			IN IC
	TALLAHASSBE FL 32301-2525		2 ح	SION
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		agent (if changed) and /or registered office	12 JUL 30 PM	TARY OF COR
	C T Corporation System		£. 34	OF STAT
	c/o C T Corporation System, 1200 Son	uth Pine Island Road Plantation,	: 12	ATE
P.O. Box NOT acceptable				10
	Florida 33324			
The street addr	ess of its registered office and the st	reet address of the business office of its registe	ered agent	t,
		opted by its board of directors or by an officer s in notified in writing of the change.	•	
KWX	Bold	Kristin Bolden, Secretary		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	is accument is being filea merely to that the corporation has been notifi	Printed or typed name and title  at and agree to act in this capacity.  statutes relative to the proper and complete and accept the obligation of my position as region  reflect a change in the registered office addre  ied in writing of this change.	istered ess, I	,
By: Oan	Corperation System	7/25/12		
Sig	mature of Registered Agena	Date		
	chalf of an entity:			
	nes M. Halpin	•		
AS9	i <b>staft: Sécre</b> tary * * * FILING	G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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