F12000000333

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DEFABITION OF STATE

13 MAR 18 PH 3: 40



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 567376 7487887

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 12, 2013

ORDER TIME : 10:17 AM

ORDER NO. : 567376-012

CUSTOMER NO: 7487887

CHANGE OF AGENT

NAME: INSTITUTE OF GAS TECHNOLOGY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida n organized under the laws of the State of registered agent, or both, in the State of	Illinois	
	the corporation: INSTITUTE OF G			
2. The principal	office address: 1700 S. MOUNT F	PROSPECT ROAD DESPLAINES, IL 60	018-1804	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 01/17/2012	2 Document number: F12000	0000222	
5. The name and		stered agent and registered office on file v	with the	
	Mr. William Gale			
	14 Webner Place			
	Palm Coast, FL 32164		- ႏွိုင္သာ - ႏွိုင္တ	
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered o	ffice	
	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 be identical.	street address of the business office of	its registered agent.	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by ar een notified in writing of the change.	officer so	
()24		Dona Priebe, Vice President		
-	re of an officer or director	Printed or typed name and t		
I hereby accept I further agree of performance of agent. Or, if the hereby confirm Corporation	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not on Service Company	ent and agree to act in this capacity, all statutes relative to the proper and co and accept the obligation of my position to reflect a change in the registered offi tified in writing of this change.	mplete on as registered ce address, I	
By: Quale	nature of Registered Agent	03/08/2013		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Elizabeth A. Da	awson, Asst. VP			
T	yped 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 * * *