F/200000222

(Req	uestor's Name)				
(Address)					
(Addı	ress)				
(City/	/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL.			
(Busi	ness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Fi	ling Officer:	-			
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DIVISION OF CORPORATIONS

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: June 3, 2013

Order#: 661389-005

Re: INSTITUTE OF GAS TECHNOLOGY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Elizabeth Dawson

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	provisions of sections 607.05 cange is submitted for a corpor	ration organizea	l under the laws of th	e State of Illinois	
	er to change its registered offi	_	_	e State of Florida.	•
1. The name of	the corporation: INSTITUTE	OF GAS TECH	VOLOGY, INC.		
2. The principa	office address: 1700 S. MOL	JNT PROSPEC	T ROAD DESPLAIN	ES, IL 60018-180	<u> </u>
3. The mailing	address (if different);				
4. Date of inco	rporation/qualification: 01/17	/2012	Document number	F12000000222	
	ed street address of the current artment of State: (If resigned, e		t and registered offic	e on file with the	
	Corporation Service Compa	апу			
	1201 Hays Street				DIVIO 1:
	Tallahassee, FL 32301				. • •
6. The name an (if changed):	d street address of the new reg	gistered agent (i	changed) and /or re	gistered office	- F CO
	Mr. William Gale				RP OF
	14 Webner Place				9: 03
		P.O. Box NOT accep	xable		ONS.
	Palm Coast, FL 32164				
The street addr as changed will	ess of its registered office and be identical.	d the street addr	ess of the business of	office of its regist	ered agent,
Such change wanthorized by the	as authorized by resolution de he board, or the corporation h	uly adopted by it as been notified	its board of directors	or by an officer	so
- se	Skul K		aul Chromek,	•	
	ne of an officer or director		Printed or typed	•	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registere to comply with the provisions my duites, and I am familiar is document is being filed me that the corporation has been	d agent and age of all statutes with and accep rely to reflect a n notified in wri	ree to act in this cap relative to the prope t the obligation of m change in the regis ting of this change.	acity, r and complete ry position as reg lered office addre	istered ess, I
By: 4 2 1	nature of Registered Agent		5/30/	2013	
If signing on be	half of an entity:				
Mr. William Gal	e				
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
CR2E045 (03/12)

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