

P98000053849

(Requestor's Name)



116 Hamilton Park Drive, Suite A
Tallahassee, Florida 32304

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RO Change
1/6/05
DC

**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, the undersigned corporation organization under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. The name of the corporation: Integrated Facility Systems, Inc.
2. The principal office address: 116-A Hamilton Park Drive, Tallahassee, FL 32304
3. The mailing address (if different): _____
4. Date of incorporation (qualification): June 16, 1998 Document No. P98000053849
5. The name and address of the current registered agent and registered office on file with the Florida Department of State:


Charles L. Cooper, Jr.
1358 Thomaswood Drive
Tallahassee, Florida 32308

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): (P.O. Box Not Acceptable)

Charles L. Cooper, Jr.
3520 Thomasville Road, Suite 200
Tallahassee, Florida 32309

the street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

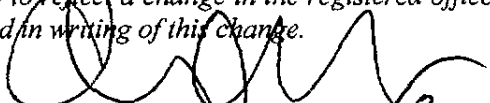
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change..


(Signature of an officer, chairman or vice chairman of the board)

12-23-04
(Date)

Kelly C Kearney Pres
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8-27-04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Company)

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

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