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| .· (Re | questor's Name) | · | | | | |
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| (Cit | y/State/Zip/Phon | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nar | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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DEFENTATIONS

DIVISION ASSEE FLORIDAS

2008 DEC 17 PM 1: 15
SECRETARY OF STATE
ANALYSEF, FLORIDA

ASR 12/17/08



| ACCOUNT NO. : 072100000032 | | | | | | | | |
|-------------------------------------------------|--|--|--|--|--|--|--|--|
| REFERENCE : 826231 7157369 | | | | | | | | |
| AUTHORIZATION: Spelle man | | | | | | | | |
| COST LIMIT : \$\sigma_5,00 | | | | | | | | |
| ORDER DATE: December 15, 2008 | | | | | | | | |
| ORDER TIME : 3:37 PM | | | | | | | | |
| ORDER NO. : 826231-010 | | | | | | | | |
| CUSTOMER NO: 7157369 | | | | | | | | |
| | | | | | | | | |
| <u>CHANGE OF AGENT</u> | | | | | | | | |
| | | | | | | | | |
| NAME: E A TECHNICAL SERVICES, INC. | | | | | | | | |
| | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| CONTACT PERSON: TROY TODD | | | | | | | | |
| EXAMINER'S INITIALS: | | | | | | | | |

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

| statement of cha | rovisions of sections 60 ige is submitted for a co to change its registered | orporation organize | d under the laws of the | State of GEOR | | |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------|--------|
| 1. The name of t | ne corporation: EAT | ECHNICAL S | ERVICES, INC. | | | |
| 2. The principal | office address: 1220 G | OLD ALPHAR | ETTA ROAD, S | TE 390 | | |
| • | | IARETTA, GA | · | | | |
| 3. The mailing a | ldress (if different): | | | | | |
| 4. Date of incorp | oration/qualification: 0 | 06/21/1994 | Document number: | P 940000032 | :49 | |
| | street address of the cur | | | | | |
| | CT CORPORAT | ION SYSTEM | | | | |
| | 1200 SOUTH PIN | NE ISLAND R | OAD | | | |
| | PLANTATION I | FL 33324 | | \$5 | 200 | |
| 6. The name and (if changed): | street address of the new | • | if changed) and /or regi | stered office | וו אמע | FILEL |
| | | | | | 9 3 | Ċ |
| | 1201 Hays Street | . Box NOT acceptable) | | | 三三 | |
| | Tallahassee, FL | 32301 | | | ייי פון | |
| The street addre | ss of its registered offic be identical. | ce and the street ad | dress of the business o | office of its registe | ered agent, | , |
| Such change wa authorized by th | s authorized by resolut e board, or the corpora | ion duly adopted b tion has been notif | y its board of directors led in writing of the ch | s or by an officer nange. | so | |
| Signatu | re of an officer or director) | · · · · · · · · · · · · · · · · · · · | VINCENT A. MI | ERCALDI, SI | EC. | |
| I hereby accept I further agree to of my duties, an document is beicorporation has Corporat By: | the appointment as rego comply with the provid I am familiar with an ag filed merely to reflect been notified in writin ion Service Complature of Registered Agent) | ristered agent and c isions of all statute d accept the obliga ct a change in the r g of this change. any | agree to act in this cap is relative to the prope ition of my position as egistered office addre. | acity. r and complete p registered agent ss, I hereby confi)) | erformanc . Or, if thi rm that the | e S |
| If signing on be | nalf of an entity: | - | | | | |
| Jean | yped or Printed Name) | olds-A | sst V.P | | | |

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

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