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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Phone : (850)222-1092

Account Number : FCA00000002:

Fax Number : (850)878-53:8

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE GARRATT-CALLAHAN COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

JUL 11 2011

EXAMINER

COVER LETTER

TO: Ai Di	nendment Section vision of Corporation	ons		
SUBJECT	4	GARRATT-CALLAH	AN COMPANI	
		Name of	Corporation	
DOCUME	nt number:		831221	
The anclos	ed Statement of Chr	unge of Registered Offic	ce/Agent and tire are sub	mitted for filing.
Please retu	m all correspondenc	ce concerning this matte	er to the following:	·
		Name of Co	intact Person	
		Firm/C	ompany	
	· · · · · · · · · · · · · · · · · · ·	Add	lress	
		City/State a	nd Zip Code	
	E-mail add	ress; (to be used for i	inine annual riport no	diffication)
For further i	information concern	ing this matter, please	call:	
	Sandy Jon	dan	at (650)	697-5811
	Name of Contac	t Person	Area Co:le & Da	ytime Telephone Number
Enclosed is	a \$35,00 check mad	le payable to the Depart	tment of State.	
	Ameno Divisio P.O. B	Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Clift:n Buile	Section Corporations ding ive Center Circle

CR2B045 (\$/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATION;

	provisions of sections 607.0302, 617.0302, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of California		
	er to change its registered office or registered agent, co both, in the State of Florida.		
1. The name of	the corporation: GARRATT-CALLAHAN COMPANY		
	office address; 50 INGOLD RD BURLINGAME CA 5-1010		
3. The mailing	address (If different):		
4. Date of incor	poration/qualification: 11/06/1973 Document number: 831221		
	d street address of the current registered agent and registered office on file with the rtment of State: (If realgued, enter realgned)		
	CORNWELL, TODD		
	4143 LSSALLE DRIVE PALM HARBOR FL 34685		
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered office	1 JUL	
(G-1)	CT Corporation System	∞	
	c/o C T Corporation System, 1200 South Pine Island Road	*	
	P.O. Box NOT acceptable	Õ	Ĵ
	Plantation, Plorida 33324	05	7
The street address changed will	es of its registered office and the street address of the imsiness office of its registered agent, be identical.	,	,
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so se board, or the corporation has been notified in writing of the change.		
	explicit al mattheway Colvin, CFO		
(hereby accept (further agree to of my duties, and document is being corporation has	the oppointment as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete performance at amifamiliar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.		
By: CTC	Corporation System - 1 - 1 11 11 11 11 11 11		
f signing petil	Er Asst." Sectrétary		
TŞ	pad or Printed Name		
	* * * FILING FEE: \$35.00 * * *		

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

PLOOS - 07/23/2000 CT-Typeer Online

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