833224

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12/13/12



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 448717 7913524

AUTHORIZATION :

COST LIMIT : \$ \\ 5,00

ORDER DATE: December 6, 2012

ORDER TIME : 10:48 AM

ORDER NO. : 448717-001

CUSTOMER NO: 7913524

CHANGE OF AGENT

NAME: SCARBOROUGH & ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Alabama red agent, or both, in the State of Florida.
1. The name of t	he corporation: Scarborough & Associated	ciates, Inc.
2. The principal	office address: 8751 West Broward E	Boulevard, Plantation, FL 33324
3. The mailing a	ddress (if different): P.O. Box 7127, D	Oothan, AL 36302
4. Date of incorp	ooration/qualification: 10/23/1974	Document number: 833224
5. The name and	street address of the current registered ag tment of State: (If resigned, enter resigned	
	C T Corporation System	
	8751 West Broward Boulevard	TES SE
	Plantation, FL 33324	EC.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		t (if changed) and /or registered office FLORIDA 2: 03
	Corporation Service Company	Z: 03
	1201 Hays Street	
	P.O. Box NOT a	acceptable
The street addre	,	address of the business office of its registered agent,
authorized by the	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Man	re of an officer or director	Maureen Cathell, Vice President
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statu	Printed or typed name and title I agree to act in this capacity. I tes relative to the proper and complete I seept the obligation of my position as registered I capacity the colligation of the registered office address, I I writing of this change.
By:	b leaves	December 6, 2012
-	nature of Registered Agent half of an entity:	17ate
Deb Reeves	Assistant Vice President	
	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 * * *