## 838245

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
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Charge

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SECRETARY OF STATE

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DR SERVICE COMPANY.	
ACCOUNT NO. :	072100000032
REFERENCE :	902287 4351669
AUTHORIZATION ¿	Enclose man
COST LIMIT :(	35.00
ORDER DATE: March 6, 2006	
ORDER TIME : 9:10 AM	
ORDER NO. : 902287-025	
CUSTOMER NO: 4351669	
CHANGE OF AGEN	<u>T</u> .
NAME: F. SCHUMACHER &	co.
PLEASE RETURN THE FOLLOWING AS PR	OOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY	
CONTACT PERSON: Amanda Haddan	

EXAMINER'S INITIALS:

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of New York rockange its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	ne corporation: F. SCHUMACHER & CO.	
2. The principal	office address: 79 Madison Avenue, 16th Floor, New York, NY 10016-7802	
3. The mailing a	ddress (if different): 79 Madison Avenue, 16th Floor, Attention: Tax, New York, NY 10016-7802	
4. Date of incorp	oration/qualification: April 20, 1977 Document number: 838245	
	street address of the current registered agent and registered office on file with the tment of State:	
	CT Corporation System & & & & & & & & & & & & & & & &	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
May	Maureen Cullen, Attorney in Fact  (Printed or typed name and title)	
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Ву: 1.С.	Service Company  Servic	
If signing on bel	half of an entity:	
Michelle R. Vann	noy, Asst. Vice President	
(T	yped or Printed Name)	
* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)