## 845147

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DEC 27 2011

**EXAMINER** 



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 036327 7862360

AUTHORIZATION

COST LIMIT : U\$

ORDER DATE: December 22, 2011

ORDER TIME : 10:10 AM

ORDER NO. : .036327-002

CUSTOMER NO: 7862360

CHANGE OF AGENT

NAME: HARRIS-MCBURNEY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	nized under the laws of the State of Florida	this	_
in order to change its registered office or regist			
1. The name of the corporation: HARRIS-MCBURN			
2. The principal office address: 2120 US Hwy 301 N,	Tampa, FL 33619		
3. The mailing address (if different): P.O. Box 3430, B	Frandon, FL 33509 US		
4. Date of incorporation/qualification: 02/04/1980	Document number: 845147		
5. The name and street address of the current registered a Florida Department of State:	igent and registered office on file with the	<b>A.</b>	:: 
CT Corporation System			
1200 S. Pine Island Road		有 DEC 27	94
Plantation, FL 33324 US		2	- 12 전 -
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office	AM 11: 36	ORATE.
Corporation Service Company			*
1201 Hays Street			
(P.O. Box NOT acceptable)	)		
Tallahassee, FL 32301			
The street address of its registered office and the street as changed will be identical.	address of the business office of its register	red agen	ıt,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer softified in writing of the change.	0	
Y William Cathell (Signature of an officer or director)	Maureen Cathell, Vice President		_
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblideoument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	(Printed or typed name and title) ad agree to act in this capacity. utes relative to the proper and complete per ligation of my position as registered agent. the registered office address, I hereby confirm	rforman Or, if th n that th	ice his he
Corporation Service Company By:	12/22/2011		
(Signature of Registered Agent)	(Date)		-
If signing on behalf of an entity:			
Sylvia Queppet, Asst. Vice President (Typed or Printed Name)			
* * * FILING FE	EE: \$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)