Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : US CORPWORKS INC.

Account Number : I20070000066 Phone ·

.: (303)393-8800

Fax Number

: (303)393-8900

REGISTERED AGENT CHANGE

THE ALLEN J. FLOOD COMPANIES, INC.

Certificate of Status	0
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Corporate Filing Menu

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Mon M

12/14/2000

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

statement of change is sub	mitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statu zed under the laws of the State of <u>NY</u> red agent, or both, in the State of Florto			
1. The name of the corpor	ation: The Allen J Flood Con	npanies, Inc.	•		
2. The principal office add Larchmont, New Y	hress: 2 Madison Avenue				
3. The mailing address (if					•
4. Date of incorporation/q	ualification: 2/4/2000	Document number: F0000000	0755		
5. The name and street add Florida Department of S	dress of the current registered ag State:	ent and registered office on file with the	SEC	980	
The P	The Prentice-Hall Corporation System, Inc.		DEC .	71	
1201 H	1201 Hays Street, Suite 105		42	37	
Tallah	assee, FL 32301		유 SI 문 SI	AMI	O
6. The name and street add (if changed):	dress of the new registered agent	(if changed) and /or registered office	ATE	II: 42	
NRAI	Services, Inc.				
2731	Executive Park Drive,	Suite 4			
\A/==+	(P.O. Box NOT acceptable)				
<u>-</u>	on, FL 33331	· · · · · · · · · · · · · · · · · · ·			
The street address of its r as changed will be identic	egistered office and the street a cal.	address of the business office of its reg	gistered a	gent,	
Such change was authorized by the board,	zed by resolution duly adopted or the corporation has been not	by its board of directors or by an officified in writing of the change.	cer so		
Muriel a	Flood	Muriel A. Flood, Secretary/Treas	urer		
		d agree to act in this capacity, tes relative to the proper and complet gation of my position as registered age registered office address, I hereby co	e perform ent. Or, infirm the	nance if this it the	
(Signature of Re	gistered Agent)	(Date)	· · · ·		
If signing on behalf of an	entity:				
Char McAdow, Asst.					
(Typed or Print	ed Name)	P. 825 NO + + +			

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)

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