

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575 CRETARY OF LORIDA

REGENTER OF STATE IN AHASSEE, ELORIDA

REGISTERED AGENT CHANGE

EINSTEIN AND NOAH CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RA Rochs
(1a 10/20/09

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is sùbmitted for a corporation organiz r to change its registered office or register	, 607.1508, or 617.1508, Florida Statutes, this need under the laws of the State of Delaware red agent, or both, in the State of Florida.	
1 The name of t	he corporation: EINSTEIN AND N	IOAH CORP.	
The name of \ The principal	office address: 555 Zang Street, Su	ite 300, Lakewood, CO 80228	
3. The mailing a	ddress (if different):		
4, Date of incorp	poration/qualification: 06/21/2001	Document number: F01000003359	
	I street address of the current registered ag timent of State:	ent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		_
	Plantation, FL 33324	7. 0	á
6. The name and (if changed):	i street address of the new registered agent	(if changed) and /or registered office	0CT 13
	Corporation Service Company		2
	1201 Hays Street		ا در
	(P.O. Box NOT acceptable)	• "	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	1
Such change wanthorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
Mari	re-Cull_	Maureen Cullen, Attorney-In-Fact	
I hereby accept I further agree of my duties, an document is bel corporation ha	the appointment as registered agent and to comply with the provisions of all statud am familiar with and accept the obligation for the obligation of all statud am familiar with and accept the obligation of the provisions of this change. The statud of this change. The Service Company	(Prived or types name and twe) if agree to act in this capacity, the relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	e s !
By: Jo	after Champan	October 14, 2009	
	guanure of Registered Agests)	(Date)	
	atilef Chaipman as its agent		
	Typed or Printed Name)		
	* * * ETT INC ED	P+ C35 AA * * *	

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)