Florida Department of State Division of Corporations 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: I2000000195

Phone : (850) 521-1000

Fax Number

: (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE GIULIANI ASSOCIATES ARCHITECTS, INC.

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

APR 02 2010

EXAMINER

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Virginia in order to change its registered office or registered agent, or both, in the State of Florida.	·
1. The name of the corporation: GIULIANI ASSOCIATES ARCHITECTS, INC.	
2. The principal office address: 123 S Royal Street	
Alexandria, VA 22314	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/24/2004 Document number: F0400003003	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
CT Corporation System	-
1200 South Pine Island Road	15/S
Plantation FL 33324	or Or
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	MY 1510H -2 PM 2: 1
Corporation Service Company	.;
1201 Hays Street (P.O. Box NOT acceptable)	σ
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Blanca Lozada, Attorney in Fact	
(Printed or typed name and title) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	ance this the
Corporation Service Company By: March 31, 2010	
(Agnature of Registricid Agent) (Date)	
If signing on behalf of an entity:	
Sylvia Queppet, Assistant VP	
(Typed or Primed Name) * * * FILING FEE: \$35,00 * * *	

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