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Division of CorporationsP.01
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Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CTPROCOMPLY
Account Number : I20100000053
Phone : (608) 827-5300
Fax Number : (608) 827-9501

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

Email Address: Khall@crockett-facilities.com

**REGISTERED AGENT CHANGE
CROCKETT FACILITIES SERVICES, INC.**

Certificate of Status	0
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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 Maryland in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Crockett Facilities Services, Inc.
2. The principal office address: 4901 Telsa Drive Suite L, Bowie, Maryland 20715
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/22/2005 Document number: F05000002529
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.2731 EXECUTIVE PARK DRIVE, STE 4WESTON FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, FL 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Cynthia E Crockett
Signature of an officer or director

Cynthia Crockett, President

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: M. Williams

Signature of Registered Agent

9/1/2010

Date

If signing on behalf of an entity:

Mark Williams, A.V.P., C T Corporation System

Typed 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)

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