## Florida Department of State

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## REGISTERED AGENT CHANGE

LAUTH GROUP, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607 inge is submitted for a corporation organized w r to change its registered office or registered a	nder the laws of the State of Indiana		
i. The name of t	the corporation: Lauth Group, Inc.			
2. The principal	office address: 401 PENNSYLVANIA PA	RKWAY INDIANAPOLIS IN 4628	30	_
3. The mailing a	ddress (if different):			_
4. Date of incorp	poration/qualification: 02/22/2006	Document number: F06000001170		_
	street address of the current registered agent at timent of State: (If resigned, enter resigned)	nd registered office on file with the		ند.
	NRAI SERVICES, INC.	•	2	14.
	2731 EXECUTIVE PARK DRIVE, SUITE 4		08 NOV -7	IN MOICHAR
	WESTON FL 33331		-7	5
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed);		nanged) and for registered office	PH 3:	SW WEN
	C T Corporation Sys	tem	on.	•
	c/o C T Corporation System, 1200 So	uth Pine Island Road		
	(P.O. Box NOT acceptable)			
	Plantation, Florida 33	324		
The street addre	ess of its registered office and the street address be identical.	ss of the business office of its registered	agent,	
•	is authorized by resolution duly adopted by it to board, or the corporation has been notified	s board of directors or by an officer so in writing of the change.		
$\mathbb{R}_{m}$	W/5	Ryan N. Kenigsberg, Attorney in Fact		
. , , , , , , , , , , , , , , , , , , ,	its of an origin be director)	(Printed or typed name and trite)		
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agre to comply with the provisions of all statutes re ad I am familiar with and accept the obligation ng filed merely to reflect a change in the regi been notified in writing of this change.	ee to act in this capacity. elative to the proper and complete perfo n of my position as registered agent. O istered office address, I hereby confirm t	rmance r, if this that the	
By:	Samantha Jones	10/31/2008		
SIE (SIE	Assistant Secretary	(Dutr)		
lf sign <sup>i</sup> ng on be	half of an entity:			
_ c	T Corporation System			
(1	Typed or Printed Nume)	- M - A - A - A - A		
	* * * FILING FEE: \$			
М	MAKE CHECKS PAYABLE TO FLORIDA IAIL TO: DIVISION OF CORPORATIONS, P.O. B	DEPARTMENT OF STATE OX 6327, TALLAHASSEE, FL 32314		

FL006 - 10/06/3908 C 7' System Online

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