

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092 Fax Number : (850)878~5360

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

Email Address:

REGISTERED AGENT CHANGE TROUTMAN & ASSOCIATES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

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CT CORPORATION

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1/16/2013

COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|--------|--|---|--|
| SURT | Troutman & Associates, Inc. | | |
| | Name of Corporation | tion | |
| DOCU | F06000004756 UMENT NUMBER: | | |
| The en | enclosed Statement of Change of Registered Office/Ager | nt and fee are submitted for filing. | |
| | e return all correspondence concerning this matter to the | | |
| 7 77 | · | 1010 77110 | |
| | | | |
| | Name of Contact P | erson | |
| | | | |
| | Firm/Company | | |
| | i nun oonipat, | , | |
| | | | |
| | Address | · | |
| | | | |
| | City/State and Zip | Code | |
| | | | |
| | E-mail address: (to be used for future annual report notification) | | |
| | | | |
| For fu | urther information concerning this matter, please call: | | |
| | | | |
| | Name of Contact Person at (| Area Code & Daytime Telephone Number | |
| | | | |
| Enclos | sed is a \$35.00 check made payable to the Department of | of State. | |
| | | | |
| | Mailing Address: Amendment Section | Street Address: | |
| | | Amendment Section | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations | |
| | Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | |
| | 1 41141145500 ₃ 1 11 J2J17 | Tallahassee, FL 32301 | |

CR2E045 (03/12)

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 KY | |
|--|--------------------|
| In order to change its registered office or registered agent, or both, in the State of Florida. | |
| . The name of the corporation: Trouman & Associates, Inc. | — |
| 2. The principal office address: 1309 BLUEGRASS PKWY LAGRANGE KY 40031 | _ |
| 3. The mailing address (if different): | |
| Document number: F06000004756 | |
| 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) | |
| JOHN D HATCH | |
| 1267 BERKSHIRE LN STE 200 | 292/A <u>22</u> 23 |
| TARPON SPRINGS FL 34688 | - |
| 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): | |
| C#Companying Statem | and the same |
| c/o C T Corporation System, 1200 South Pine Island Road | |
| P.O. Box NOT acceptable | |
| Plantation, Florida 33324 | |
| The street address of its registered office and the street address of the business office of its registered agent, is 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. | |
| Kristin Bolden, Secretary | |
| Significant of the original states of the complete of the project of the complete of the compl | |
| By: Oa M HO 1/14/2013 | |
| Signature of Registered Agent Date | |
| f'signing on behalf of an entity: | |
| James M. Halpin | |
| Assistant Bedre Brysd Name * * * FILING FEE: \$35.00 * * * | |

FL506 - 10/25/2012 Waters Khiwer Online

CR2E045 (03/12)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314