Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

DICKERSON ENGINEERING, INC.

Certificate of Status	0
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Corporate Filing Menu

T. Roberto DET 032

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

Pursuant to the provisions of sections 607.0502, 6	\$17.0502, 607.1508, or 617.1508, Florida	Statutes,
this statement of change is submitted for a corporati	ion organized under the laws of the State o	of Control
Illinois in order to change its registe	ered office or registered agent, or both, in	the State
of Florida.		
1. The name of the corporation: Dickerson Engineeri	ing, Inc.	Man 9
2. The principal office address: 8101 N Milwaukee A	ve., Niles, IL 60714	
		40 years 4
3. The mailing address (if different):		37 sag ~~
4. Date of incorporation/qualification: 4/17/2007	Document number: F0700000	20.00 March 100
5. The name and street address of the current register Florida Department of State:	red agent and registered office on file with	the
C T CORPORATION SYSTEM		
1200 SOUTH PINE ISLAND ROAD		
PLANTATION FL 33324		
6. The name and street address of the new register changed): Business Filings Incorporated	red agent (if changed) and /or registered	office (if
1203 Governors Square Blvd., Suite 1	101	
(P.O. Box or personal mail		
Tallahessee, FL 32301-2960		
The street address of its registered office and the stragent, as changed will be identical.	reet address of the business office of its re	gistered
Such change was authorized by resolution duly adopartification has been partially and been been been authorized by the board, or the corporation has been	pted by its board of directors or by an offi n notified in writing of the change.	icer so
(Sphature or en officer, chairman or vice chairman of the board)	Joe Dickerson, President (Printed or typod name and title)	
hereby accept the appointment as registered agent I further agree to comply with the provisions of all sperformance of my duties, and I am familiar with a registered agent. Or, if this document is being filed office address, I hereby confirm that the corporation	t and agree to act in this cupacity. statutes relative to the proper and comple nd accept the obligation of my position as I merely to reflect a change in the register n has been notified in writing of this chan	ete ; red ige.
(Signature of Registered Agent)	12/3/08	
If signing on behalf of an entity:	(Dato)	
Mark Williams	AVP .	
(Typed or Printed Name)	(Capacity)	—

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahasere, Fl. 32314

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