| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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ACCOUNT NO. : I2000000195

REFERENCE: 703837

7816068

AUTHORIZATION : (

COST LIMIT :

ORDER DATE: March 10, 2011

ORDER TIME : 9:22 AM

ORDER NO. : 703837-005

CUSTOMER NO: 7816068

CHANGE OF AGENT

NAME: DONAN ENGINEERING CO INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Indiana in the State of Florida. |
|--|---|
| • | the corporation: DONAN ENGINEERING CO INC. |
| | |
| 2. The principal | antside Drive, Louisville, KY 40299 |
| | ddress (if different): |
| 4. Date of incorp | poration/qualification: 05/27/2008 Document number: F08000002389 |
| | I street address of the current registered agent and registered office on file with the tment of State: |
| | C T Corporation System |
| | C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 |
| | Plantation, FL 33324 |
| 6. The name and (if changed): | Street address of the new registered agent (if changed) and /or registered office Corporation Service Company |
| | 1201 Hays Street |
| | (P.O. Box NOT acceptable) |
| | Tallahassee, FL 32301 |
| The street addre as changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by the | is authorized by resolution duly adopted by its board of directors or by an officer so be bard, or the corporation has been notified in writing of the change. |
| Signatu | T. LYLE DONAL PRESIDENT CED (Printed or typed name and title) |
| I hereby accept I further agree to of my duties, an document is bei- corporation has | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. ion Syrvice Company |
| | Tature of Registered Agent) (Date) |
| If signing on be | half of an entity: |
| Sylvia Quep | pet, Asst. VP |
| T) | yped or Printed Name) * * * FILING FEE: \$35.00 * * * |
| | PEDITO PER GJJ.VV |

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