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T. BROWN



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ACCOUNT NO. : I2000000195

REFERENCE : 489795 7917265

AUTHORIZATION :

COST LIMIT

ORDER DATE : January 9, 2013

ORDER TIME: 10:57 AM

ORDER NO. : 489795-002

CUSTOMER NO: 7917265

## CHANGE OF AGENT

NAME: RE/SPEC INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

statement of cha	unge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, t nized under the laws of the State of South Da ered agent, or both, in the State of Florida.								
	the corporation: RE/SPEC ENGINEE									
2. The principal	office address: 3824 Jet Drive, Rapi	d City, SD 57709								
3. The mailing a	address (if different): PO Box 725, Ra	pid City, SD 57709								
4. Date of incor	poration/qualification: 06/26/2008	Document number: F08000002862	) -							
	d street address of the current registered a rtment of State: (If resigned, enter resigned	gent and registered office on file with the								
	C T Corporation System									
			<u>;;;</u> ;							
	Plantation, FL 33324		13	1810 1810 1810						
Plantation, FL 33324  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company										
	Corporation Service Company		بب							
	1201 Hays Street		30	16.5						
P.O. Box NOT acceptable  Tallahassee, FL 32301										
as changed will	be identical.	address of the business office of its registere by its board of directors or by an officer so lified in writing of the change.	_	nt,						
Mari	re-Cathell	Maureen Cathell, Vice President								
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflethat the corporation has been notified in Service Company	Printed or typed name and title  d agree to act in this capacity.  tes relative to the proper and complete ccept the obligation of my position as regist ect a change in the registered office address a writing of this change.	ered							
Ву: 🔊	LONK- Jase	January 9, 2013								
	nature of Registered Agent half of an entity:	Date								
	by, Assistant VP									
	yped or Printed Name									
	* * * FILING FE	E: \$35.00 * * *								

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314