

F08000004421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

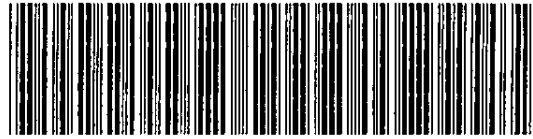
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

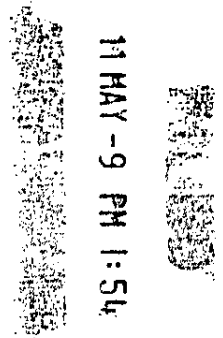
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BARTONPARTNERS ARCHITECTS PLANNERS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F08000004421

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carley Thysell  
Name of Contact Person

Article 9 Agents  
Firm/Company

535 8th Avenue, Floor 15  
Address

New York, NY 10018  
City/State and Zip Code

cthysell@a9a.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carley Thysell at ( 646 ) 833-3531  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

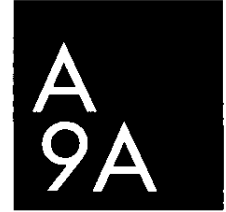
**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Article 9 Agents LLC

535 Eighth Avenue, Floor 15  
New York, NY 10018

Phone: 877.500.0A9A  
Fax: 212.656.1342  
A9A.com



Florida Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Statement of Change for BARTONPARTNERS ARCHITECTS PLANNERS, INC.**

Dear Sir or Madam:

Please find enclosed Statement of Change for processing as well as a copy of Power of Attorney. Kindly return a copy to our attention once filed.

Do not hesitate to contact me at (646) 833-3531 if you need additional information.

Thank you for your assistance.

Very truly yours,

Carley Thysell

Article 9 Agents

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BARTONPARTNERS ARCHITECTS PLANNERS, INC.

2. The principal office address: 700 E. MAIN STREET, 3RD FLOOR NORRISTOWN PA 19401

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/09/2008 Document number: F08000004421

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

17888 67th Court North


P.O. Box NOT acceptable

Loxahatchee, FL 33470

MAY -9 PM 1:54

The street address of its registered office and the street address of the business office of its registered agent, as 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.

  
Signature of an officer or director

Robert W. Cogan, Vice Pres./Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

4/25/2011  
Date

If signing on behalf of an entity:

Bianca Bazier  
Typed or Printed Name

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

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

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Bianca Blazier and appoint and constitute said individual as my attorney-in-fact..

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \* Article 9 Agents (A9A) \* have purchased agent service on through their account with Incorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, this Special Power of attorney shall become NULL and VOID from and after December 31, 2012.

*Tennie Sedlacek*

Tennie Sedlacek, President

Dated: July 1, 2010

Signed in my presence this the 1st day of July 2010 by Tennie Sedlacek, State of <sup>Nevada</sup> ~~Nevada~~. County of Clark

*Crystal Temple*

Notary Public in the State of Nevada

