Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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(((H12000073157 3)))



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Email Address: arthulikowski@mcbeeassociates.com

## REGISTERED AGENT CHANGE MCBEE ASSOCIATES INC.

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## "FAX AUDIT# H12000073157 3

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, o ge is submitted for a corporation organized under the	laws of the State of Maryland
in order  1. The name of the	to change its registered office or registered agent, or a compression MCBEE ASSOCIATES INC	-
2. The principal o	007 Old Fools Sabasi Dd Suid	te 205, Wayne, Pennsylvania 19087
		<u> </u>
3. The mailing add	dress (if different):	72
4. Date of incorpo	oration/qualification: 11/18/2009 Docume	nt number: F09000004540
	street address of the current registered agent and regist nent of State: (If resigned, enter resigned)	tered office on file with the
_	CORPORATION SERVICE COMPANY	
1	1201 HAYS STREET	# 55 55
5	TALLAHASSEE FL 32301-2525	
6. The name and s (if changed):	street address of the new registered agent (if changed)	and /or registered office
_	C T Corporation System	
_	1200 South Pine Island Road, Plantation,	Florida 33324
	P.O. Box NOT acceptable	
The street address as changed will b	s of its registered office and the street address of the	business office of its registered agent,
Such change was authorized by the	authorized by resolution duly adopted by its board board, or the corporation has been notified in writing	of directors or by an officer so ng of the change.
Mark	Mark Wi	Iliams, Vice-President
	of an ottoce of alreador  ne appointment as registered agent and agree to act comply with the provisions of all statutes relative to I am familiar with and accept the obligation of my giled merely to reflect a change in the registered of een notified in writing of this change.	Finied or typed name and title In this capacity, In this proper and complete performance position as registered agent. Or, if this ffice address, I hereby confirm that the
Natil		y of March, 2012
Signal	ture of Registered Agent	Date
If signing on beha	df of an entity:	
Mark Williams,	AVP	
Турх	ed 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
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