Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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REGISTERED AGENT CHANGE ALLIED TECHNOLOGY GROUP, INC.

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Corporate Filing Menu

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T. LEMEUX

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3/21/2014

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Maryland		
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Allied Technology Group, Inc.		
2. The principal	office address: 1803 RESEARCH BLVD 8TB 601 ROCKVILLE, MD 20850	•	
3. The mailing s	address (if different):		-
4. Date of incor	poration/qualification: 01/20/2010 Document number: F10000000303		~ -
	d struct address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	SEARS, DOUGLAS		
	2710 DISCOVERY DRIVE STE 800		درو ت
	ORLANDO, FL 32826	17	
6. The name and (if changed):	d strest address of the new registered agent (if changed) and /or registered office	14 MAR 21	
	C T Corporation System.	P	
	c/o C T Corporation System, 1200 South Pine Island Road	=	
	P.O. Box HOT acceptable	1	
	Plantstion, Florida 33324		•
The street address changed will	ess of its registered office and the street address of the business office of its registered agen be identical.	t,	
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so no board, or the corporation has been notified in writing of the change.		
Meso	on Large A Large A Large A Asst So	rele	anj
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my dulies, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.		_
CTCor	poration System		
_	half of an entity:		
- •			
lo ice President	dd B. Proper yand Magalant Secretary		
	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (03/12)

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