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CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 152534

AUTHORIZATION :

7874722

COST LIMIT : \$ 35.00

ORDER DATE : April 2, 2012

ORDER TIME : 1:32 PM

ORDER NO. : 152534-002

CUSTOMER NO: 7874722

CHANGE OF AGENT

NAME: MALONE FINKLE ECKHARDT &

COLLINS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Missouri ered agent, or both, in the State of Florida.	
The name of the corporation: MALONE FINKLE ECKHARDT & COLLINS, INC. The principal office address: 2040 East Sunshine St., Springfield MO 65804			
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 05/23/2011	Document number: F11000002178	
	d street address of the current registered a rtment of State:	gent and registered office on file with the	
	NRAI Services, Inc.		
	515 East Park Avenue	•	
	Tallahassee FL 32301	E U 28	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company 1201 Hays Street (P.O. Box NOT acceptable)			
	Corporation Service Company	रिंगू दे ।	
	1201 Hays Street	To the second se	
	(P.O. Box NOT acceptable)	No.	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Man	are of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
oj my auties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. on Scrvice Lompany	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
By: No	04/02/2012		
	gnature of Registered Agent)	(Date)	
If signing on behalf of an entity:			
Grace E. Kirby, Asst. VP			
(Typed or Printed Name)			

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

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