## F9300004748

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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: L. Robert Kimball & Associates, Inc. (Name of corporation)
` · · · ·
DOCUMENT NUMBER: F93000004748
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:
Debora L. Rager
(Name of person)
L. Robert Kimball & Associates, Inc.
(Name of firm/company)
615 West Highland Avenue, P.O. Box 1000
(Address)
Ebensburg, PA 15931
(City/state and zip code)
For further information concerning this matter, please call:
Debora L. Rager at (814) 472-7700 Extension 204 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & dayonte terephone 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 FI 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FI 32314 Tallahassee FI 32399

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

Pursuant to the	e provisions of sec	tions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
•	, ,	ted for a corporation organized under the laws of the State of	
	<u>a</u> in order to	change its registered office or registered agent, or both, in the State	
of Florida.			
1. The name of	the corporation:	L. Robert Kimball & Associates, Inc.	
2. The principal	l office address:	615 West Highland Avenue, P.O. Box 1000	
		Ebensburg, PA 15931	
3. The mailing	address (if differen	nt):	
4. Date of incor	rporation/qualificat	tion: Oct. 19, 1993 Document number: F93000004748	
	d street address of artment of State:	the current registered agent and registered office on file with the  Murray  rt Kimball & Associates, Inc.  th Drive, Suite C	
		n Murray An E	
L. Robert Kimball & Associates, Inc. 760 North Drive, Suite C			
	Melbour	ne, FL 32934	
6. The name as changed):	nd street address	of the new registered agent (if changed) and /or registered office (if.	
	W. Brad	Magill	
		rt Kimball & Associates, Inc. th Drive, Suite C	
760 North Drive, Suite C (P.O. Box or personal mailbox NOT acceptable)			
	Melbour	ne, FL 32934	
The street addragent, as chang	ess of its registere ged will be identicated	d office and the street address of the business office of its registered	
Such change wauthorized by t	vas authorized by rithe board, or the co	esolution duly adopted by its board of directors or by an officer so or by an officer	
/Nignature of an office	er, chairman or vice chairm	R. Jeffrey Kimball, President an of the board) (Printed or typed name and title)	
		as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as ment is being filed merely to reflect a change in the registered that the corporation has been notified in writing of this change.	
4514	V/My	7/16/03	
	Signature of Registered Ag	em, , weate)	
If signing on beha  W. Brad Mag		Registered Agent	
	(Typed or Printed Name)	(Capacity)	

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