F94000001354

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DEPARTMENT OF STATE



100/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

06163/9 7811154

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 16, 2012

ORDER TIME : 10:16 AM

ORDER NO. : 061639-008

CUSTOMER NO: 7811154

CHANGE OF AGENT

NAME:

LUCKETT & FARLEY, ARCHITECTS, ENGINEERS AND CONSTRUCTION

MANAGERS, INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Kentucky er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: LUCKETT & FARLEY, ARCHITECTS, ENGINEERS AND CONSTRUCTION MANAGERS, INCORPORATED
2. The principal	office address: 737 S. Third Street, Louisville, KY 40202
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 03/17/1994 Document number: F94000001354
	d street address of the current registered agent and registered office on file with the rtment of State:
	NRAI Services, Inc.
	515 E. Park Avenue
	Tallahassee, FL 32301
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Ma	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	t 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 performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
By: 5	January 11, 2012
•	ignature of RV(Istered Agent) (Date)
	ehalf of an entity:
	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 * * *