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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE

IDC ARCHITECTS, PC

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05/55/5007 12:38

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

-	-	617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	•	n organized under the laws of the State of PA	
in order	to change its registered office o	registered agent, or both, in the State of Florida.	
1. The name of the	he corporation; IDC Architects, P	C	
2. The principal of	office address:		
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 4/3/1997	Document number: <u>F97000001738</u>	
5. The name and Florida Depart		stered agent and registered office on file with the	
	NRAI Services, Inc., 2731 Execu	five Park Dr., Ste. 4, Weston, PL 33331	
		·	
		A SE	
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered office AHASSE Orporation System	•
	сто	Orporation System SSE	-
	c/o C T Corporation S	ystem, 1200 South Pine Island Road	'n
	(P.O. Box NOT		_
	Planta	tion, Florida 33324	_
The street addre	ss of its registered office and the	e street address of the business office of its registered agent,	
Such change was authorized by the	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Furth.	re of anisornicer of director)	Kristen Lichvarcik, POA	
	te of atwortmen of director)	(Printed or typed name and tale)	
I neredy accept I further agree t of my duties, and document is bein	the appointment as registered a o comply with the provisions of d l ani familiar with and accept ng filed merely to reflect a chair heen notified in writing of this	gent and agree to act in this capacity. I all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.	
ву: УМ	ET Observation System	2/1/07	
(oig		. (Data)	
If signing on bel	Erin McBre	[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(T	Accident Sec yped or Printed Name)	ietelā.	
ζ-	·• ·	: ING FEE: \$35.00 * * *	
	MAKE CHECKS PAYABLE	ETO FLORIDA DEPARTMENT OF STATE	
MA CR2E045 (8/05)	ail to: Division of Corporat	TIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

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