Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

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: (850)878-5926

REGISTERED AGENT CHANGE

SUH2A, INC. ARCHITECTURE ENGINEERING PLANNING

Certificate of Status	0
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7/24/2008

## 08 JUL 24 AM 10: 02

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

Pursuant to the	provisions of sections 607.0502, 617.0	0502, 607.1508, or 617.1508, Florida Stututes, this garized under the laws of the State of New Jessey	
		ristered agent, or both, in the State of Florida.	<del></del> -
	the corporation: CUH2A, Inc. Architec		
2. The principal	office address:	· · ·	
1000 LENOX	DRIVE LAWRENCEVILLE NI 08648	US	
3. The mailing a	ddress (if different):		
CN 5380 PRI	NCETON NI 08543 US		
4. Date of incor	oration/qualification: Jul. 29, 1998	Document number: F98000004321	
<ol><li>The name and Florida Depar</li></ol>	I street address of the current registered townt of State;	d agent and registered office on file with the	
	NRAI SERVICES, INC.		
	2731 EXECUTIVE PARK DR. SUITE	4 WESTON, FL 33331	
	,		
6. The name and (if changed):	street address of the new registered at	gent (if changed) and /or registered office	SECRE!
C T Corporation System			
c/o C T Curporation System, 1200 South Pine Island Road			
	(P.O. Bux NOT acceptable)		
•	Plantation, F	lorida 33324	35
The street addresses changed will	ss of its registered office and the stre	et address of the business office of its registered a	河南
Such change was authorized by th	s authorized by resolution duly adop e board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
West	suare.	Megan Ware, Scorchary	
	हर्ग मा वात्रक्त or कल्काला)	(Printed or typed name and title)	
hereby accept in further agree to further agree to find auties, and focument is being orporation has	the appointment as registered agent to comply with the provisions of all si comply with the provisions of all si I am familiar with and accept the o is filed merely to reflect a change in been notified in writing of this chang	and agree to act in this capucity autes relative to the proper and complete perfort bligation of my position as registered agent. Or, the registered office address, I hereby confirm the se.	nance if this at the
$\mathbf{v}_{\mathbf{r}} = \sum_{i=1}^{n} \mathbf{v}_{i}$	CT Corporation System	7/24/08	
<del></del>	nature of Registeric Agains)	(Date)	<del></del> -
faiguing on bel	alf of an entity: Samantha Jones		
	Assistant Secretary		
$\sigma_{i}$	ped or Printed Name)		
	* * * FILING	FEE; \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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