

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

: (850)558-1515

Account Number: I2000000195 : (850)521-1000

\*\*Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.

## REGISTERED AGENT CHANGE ARCHITECTURAL GROUP INTERNATIONAL, P.S.C.

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Estimated Charge	\$35.00

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

statement of char	nge is submitted for a corporation organ:	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Kentucky tred agent, or both, in the State of Florida.	
		GROUP INTERNATIONAL, P.S.C.	
	office address; 15 W. 7th Street		<del></del>
z. The principal (	Covington KY 41011		
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: October 13, 199	28 Document number: F98000005722 5	= -
	street address of the current registered ag	gent and registered office on file with the	复一
	C T Corporation System	\$65.77	
	1200 South Pine Island Road	in c	∰ <b>5</b> ≰ ψ <b>9</b> g
	Plantation FL 33324		疆 2
6. The name and (if changed):	street address of the new registered agen	at (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
The street addre	Tallahassee, FL 32301 ss of its registered office and the street be identical.	address of the business office of its registered a	gent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	d by its board of directors or by an officer so nified in writing of the change.	
- Bla	nu Mol	Blanca Lozada, Attorney in Fact	
I hereby accept I further agree to of my duties, an document is beli corporation has	the appointment as vegistered agent an occuping the comply with the provisions of all state of am familiar with and accept the obligation of the complete of the complete of this change in the been notified in writing of this change.  The conficulty of the change of the change on form the conficulty of the change.	(Printed dryped name and tills)  d agree to act in this capacity, utes relative to the proper and complete perforn igation of my position as registered agent. Or, a registered office address, I hereby confirm tha	nance if this at the
Ву:	16 mes	May 26, 2010	
	half of an entity:	(Date)	
	et, Assistant Vice President  yped or Printed Name)		
•	•		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314 CR2E045 (8/05)