F980000006133

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

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850-222-1092	Corporation(s) Name	
<u>.</u>	corporations Name	
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()Profit	()Amendment	()Merger
()Nonprofit		
()Foreign	()Dissolution	()Mark
()LLC		
()Limited Partnership	()Annual Report	()Other
()Reinstatement	()Reservation ()Fictitious Name	Ch. RACES S
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	1 il toch	manufacture 10a.

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

	- •	7.0502, 617.0502, 607.1508, 6		lorida Statutes,
submits the foll the State of Flo	owing statement in order t rida.	der the laws of the State of <u>G</u> o o change its registered office o	or registered ag	gent, or both, in
1. The name of	the corporation is: Brin	ckmann Associates, Inc.	<u> </u>	· ·
2. The mailing	~	s: 3081 Holcomb Bridge	Road, Suite	J-1, Norcross
3. Date of inco	rporation/qualification: 1	1/4/98 Documer	it number: F98	3000006133
	d address of the current reg			O APR
	David E. Garven			71L 726
•	952 Palmetto Stree	t	<u>-</u>	
5. The name an		ered agent and office: (P. O. Bo	ox Not Accepta	S €
•	CT Corporation Sys			-
,	1200 South Pine Is	land Road		
		a, 33324 (Broward Count	•	
The street addreagent, as chang	ess of its registered office a ed, will be identical.	and the street address of the bu	usiness office o	f its registered
Such change w authorized by the	as authorized by resolution he board.	duly adopted by its board of	directors or by	an officer so
	Uth ha		April 21,	2000
(Signature	of an office Wellaimhan or vice cha	irman of the board)	(Date)	
Christophe	er J. Hagan, Assistan (Printed or typed name and t	nt Secretary		
Having been no corporation, I l I further agree performance of registered ager	med as registered agent a hereby accept the appoint to comply with the provisi my duties, and I am famil	nd to accept service of process nent as registered agent and a ons of all statutes relative to to iar with and accept the obliga	s for the above gree to act in t he proper and d tion of my posi	stated his capacity. complete tion as
· Gar	\$ Sml		1, 2000	
	Signature of Registered Agent)	(1	Date)	
If signing on behal	lf of an entity			
Charles F.	Shampang Typed or Printed Name)	Assistant Se	cretary (Capacity)	
	* * * FI	ILING FEE: \$35.00 * * *		
CP2E045(7/07)				

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314