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(Requestor's Name)	
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(Business Entity Name)
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SEURETARY OF STATE ON OF CORPORATION

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OF STATE

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RA. Chors C.COULLIETTE

AUG 06 2009

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 084970

7716793

AUTHORIZATION :

COST LIMIT

ORDER DATE: August 3, 2009

ORDER TIME : 9:0 AM

ORDER NO. : 084970-003

CUSTOMER NO: 7716793

CHANGE OF AGENT

NAME:

PROFESSIONAL ENGINEERING

ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of South Caregistered agent, or both, in the State of Florida.	
1. The name of	the corporation: PROFESSIO	NAL ENGINEERING ASSOCIATES, II	NC.
		h St., Greenville, SC 29607	
3. The mailing a	address (if different): P.O. Box	8836, Greenville, SC 29604	
4. Date of incorp	poration/qualification: 5/14/99	Document number: F9900002494	
5. The name and		ered agent and registered office on file with the	
	CT Corporation System		8 W.
	1200 South Pine Island R	oad	PNG ION
	Plantation, FL 33324		9 - O.S.
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	O9 AUG -6 AM II: 27
	Corporation Service Com	pany	النب
	1201 Hays Street		
	(P.O. Box NOT acc	exptable)	
	Tallahassee, FL 32301		
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its registered	agent,
Such change was	as authorized by resolution duly and board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
Mu	wh-	Maureen Cullen, Attorney In Fact	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang s been notified in writing of this cl	Printed or typed name and title) ent and agree to act in this capacity. Il statutes relative to the proper and complete perfo he obligation of my position as registered agent. Or e in the registered office address, I hereby confirm to hange.	rmance r, if this hat the
By: Corporat	tion Service Company	8/6/09	
	nature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Sylvia Quep	opet, Assistant V.P.		
(1	Typed or Printed Name)		

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