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Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : SHUFFIELD LOWMAN

Account Number : I20030000118 Phone

: (407)581-9800

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REGISTERED AGENT CHANGE

POWELL DESIGN GROUP, INC.

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1.

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

Pursuant to the provisions of sections 607.0502, 617,0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.

The name of the corporation: POWELL DESIGN GROUP, INC.

2.	The principal office address: 303 East Par Street, Orlando, FI 32804					3
3.	The mailing address (if different):			8		
4.	Date of incorporation/qualification: 4/15/1986 Document Number: J09309			309	PM 2	
5.	The name and street address of the current registered agent and registered office on fil with the Florida Department of State:				2: 28	>
	<u>.</u>	Mark Koteen 3100 Clay Avenue, Orlando, Fl 32804	Suite 177			
6.	The name and street address office (if changed):	of the new registe	red agent (if changed) a	nd/or registered		
	<u>,</u>	William R. Lowman 1000 Legion Place Orlando, FL 32801	Suite 1700			
	reet address of its registered ared agent, as changed, will be		et address of the busin	ess office of its		
Such o	change was authorized by resol horized by the board, or the cor	ution duly adopted poration has been	notified in writing of the	change.		
<u></u>	ure of an officer, chairman or vice	-1-:	Presid	ent d name and title)		
l herei agree perfori registe	by accept the appointment as not to comply with the provision mance of my duties, and I amored agent. Or, if this document address, Vhereby confirm that the	registered agent an ns of all statutes familiar with and nt is being filed me	d agree to act in this ca relative to the proper accept the obligation of rely to reflect a change i	pacity. I further and complete my position as n the registered		
(_	<i>MM</i> 4	1	3-8-	200フ (Date)		
(Signa	ture of Registered Agent)			(Date)		
lf signi	ing on behalf of an entity:					
(Typed	d or Printed Name)			(Capacity)		
				(((H070000617	17 3)))