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Division of Corporations

## Florida Department of State

P.01

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## REGISTERED AGENT CHANGE

ARDAMAN & ASSOCIATES, INC.

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

	ctions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, Ited for a corporation organized under the laws of the State of
	change its registered office or registered agent, or both, in the State
of Florida.	<u> </u>
1. The name of the corporation:	Ardaman & Associates, inc.
2. The principal office address:_	8008 SOUTH ORANGE AVENUE, ORLANDO, FL 32809
3. The mailing address (if differe	nt):_3475 B. POOTHILL BLVD., PASADENA, CA 91107
4. Date of incorporation/qualification	ation; 1/2/90 Document number: L40551
5. The name and street address of Florida Department of State:	f the current registered agent and registered office on file with the
	Wisso, Anna E.
	8008 SOUTH ORANGE AVENUE
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	ORLANDO, FL 32809
6. The name and street address changed):	of the new registered agent (if changed) and /or registered office (if CT Corporation System
<del></del>	
	c/o C T Corporation System  (P.O. Box or personal mailbox NOT acceptable)
1200	South Pine Island Road, Plantation, Florida 33324
The street address of its register agent, as changed will be identiced	ed office and the street address of the business office of its registered eal.
	resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.  RICHARD A LEMMON V.P. AND SECRETARY  RECHARD A LEMMON V.P. AND SECRETARY
(Signature of in officer, the man of vice chain I hereby accept the appointment I further agree to comply with it performance of my duties, and I registered agent. Or, if this doc office address, thereby confirm T Cappellion by tem	as registered agent and agree to act in this capacity. Le provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as sument is being filed merely to reflect a change in the registered that the corporation has been notified in writing of this change.
Ву:	6EP 2 3 2004
(Signature of Registered A	
If signing on behalf of an entity:	CINDY KEE ASSISTANT SECRETARY
(Typed or Printed Name)	(Capacity)
	* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State and Mail, to: Division of Corporations, P.O. Box 6317, Tallahassee, FL 32314

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