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EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE : 083571 7719137

AUTHORIZATION :

COST LIMIT

ORDER DATE : July 31, 2009

ORDER TIME : 2:11 PM

ORDER NO. : 083571-020

CUSTOMER NO: 7719137

CHANGE OF AGENT

NAME:

FACILITY SYSTEMS CONSULTANTS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: FACILITY	SYSTEMS CONSULTANTS, LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 714 South Gay Street Knoxville, TN 37902
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	714 South Gay Street Knoxville, TN 37902
08/15/2007	M0700005009
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
<u>NEW</u> Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
Maureen Cullen, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified Corporation Service Company By: (Signature of Registe Agent) Sylvia Oleppet, Asst. Vice President	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby a in writing of this change.
A 11 /	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 STATE OF IN COUNTY OF KNOX

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT JOHN KENNY, the PRESIDENT of FACILITY SYSTEMS CONSULTANTS, LLC, a LLC established under the laws of TENNESSEE, and of the subsidiary entities shown on the list appended hereto, does hereby appoint Maureen Cullen and Elizabeth A. Dawson attorneys-In-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities, having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein. Maureen Cullen shall exercise the power of Vice President and Elizabeth A. Dawson shall exercise the power of Secretary, or, in the case of entities having managers or other positions of authority rather than officers such as Vice President or Secretary, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated,

This Power of Altomey expires upon the earlier to occur of (a) completion and filing of the documents necessary to effect the changes in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to Maureen Cullen and Elizabeth A. Dawson.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 10th day of August, 2009 (the "Effective Date").

FACILITY SYSTEMS CONSULTANTS, LLC

BY:

JOHN M. KENNY

PRESIDENT

Subscribed and sworn to before me this 10k day of

Notar

My commission expires Not. 13, 2009