Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000048611 3)))



H070000486113ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5926

PAGE 01/02

REGISTERED AGENT CHANGE

AIS MIAMI, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

2/22/2007

https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION SYSTM

9269848098

0S:ST Z00Z/ZZ/Z0

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

		617.0502, 607.1508, or 617.1508, Florida Statutes, this m organized under the laws of the State of Florida	
		r registered agent, or both, in the State of Florida.	
1. The name o	of the corporation: AIS Miami, Inc.		
2. The principa	al office address: 125 South Franklin	n Street, Chicago, IL 60606	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 8-30-88	Document number: M96639	
5. The name at Florida Dep	nd street address of the current regis artment of State:	stered agent and registered office on file with the	
	John J. Hernandez		ŀ
	6969 West 20th Avenue	LARE	1 "";
	Hialeah, FL 33014	CRETAR) LAHASS	3 F
6. The name ar (if changed):		red agent (if changed) and /or registered office	PM 4: 22
	c/o C T Corporation Sy	stem, 1200 South Pine Island Road	~
	(P.O. Box NOT a	ucoptable)	:
	Plantati	ion, Florida 33324	
		e street address of the business office of its registered agent, adopted by its board of directors or by an officer so been notified in writing of the change.	,
digun	The by the Difficer or different)	SUZULUE & Tomer See retery	
hereby accept further agree of my duties, a locument is be corporation ha	of the appointment as registered as to comply with the provisions of and I am familiar with and accept sing filed merely to reflect a cham as been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete performanc the obligation of my position as registered agent. Or, if thi ge in the registered office address, I hereby confirm that the change.	'E '3
1	GT Corporation System	2-21-07	
	ek 6 (s)	(Date)	
f signing on b	chalf of an entity:		
	Sarah G. Ayala Assistant Secretary (Typed of Printed Name)		
		NO YEAR OF A 4	
		NG FEE: \$35.00 * * *	
M CR2E045 (8/05)	MAKE CHECKS PAYABLE MAIL TO: DIVISION OF CORPORATI	to Florida Department of State ions, P.O. Box 6327, Tallahassee, FL 32314	

PAGE 02/02