## P01000076612

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone #	}		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Name)	)		
`				
(Document Number)				
`	·			
Certified Copies	Certificates of	f Status		
Special Instructions to	Filing Officer:			



100040016311

08/17/04--01048--001 \*\*35.00

FILED

04 AUG 17 AH 10: 56

SECRETARY OF STATE

RA. nhange

Office Use Only

T BROWN AUG 2 0 2004

## PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

August 13, 2004

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: ABI Architects, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to charge the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Tony Alexander

TA/smc. Encl.

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

	provisions of sections 607.0502, 617.0502,			_
_	tted for a corporation organized under the ristered office or registered agent, or both,		oriua	in order
	he corporation: ABI Architects, Inc.	Suite 300		
2. The principal	office address: 9400 N. Broadway, Okla		73114	
,			 	
3. The mailing a	ddress (if different):			<del></del>
4. Date of incorp	poration/qualification: 8/3/2001	Document number;	P01000076612	
	I street address of the current registered age timent of State:	mt and registered office	on file with the	
	CT CORPORATION SYSTEM		!	, <del>".</del>
	1200 S. PINE ISLAND ROAD		1	海星九
	PLANTATION FL 33324			題のド
6. The name and (if changed):	i street address of the new registered agent	(if changed) and /or reg	stered office	SECRETASSEE FLORE
	NRAI Services, Inc.		f	最多
	526 E. Park Avenue	:	}	<b>A</b>
	(P.O. Box or personal ma	nilbox NOT acceptable)		
	Tallahassee, FL 32301		:	
The street addre	ess of its registered office and the street a dentical.	ddress of the business	office of its register	ed agent, as
Such change wi	as authorized by resolution duly adopted e corporation has been notified in writing	by its board of director of the change.	s or by an officer s	o authorized by
Rober	HKast - Signature of an other or director)	Robert H	Kastens F	President
I hereby accept I further agree duties, and I an being filed mer been notified in NRAI Services	t the appointment as registered agent and to comply with the provisions of all statun familiar with and accept the obligation ely to reflect a change in the registered of writing of this change.	l agree to act in this ca tes relative to the prop of my position as regis ffice address, I hereby	pacity, er and complete per gered agent. Or, if confirm that the co.	formance of my this document is poration has
by: What	July C		4 29 2004	
If signing on be	(Measure of Registered Agent)  Chaif of an entity:		(Date)	
Anthony J. Al	·	Asst. Secreta	i ry	
	(Typed or Printed Name)		(Capacity)	

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