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TALLAHASSEE, FLORIDA

COVER LETTER

TO:	D: Amendment Section Division of Corporations						
SUBJE	CT:	Metro Arch	nitecture + Plar Name of Corporat	nning, Inc.			
DOCU	MENT NU	MBER:	P0200003	36485			
The end	closed States	ment of Change of Reg	istered Office/Agent	t and fee are subm	nitted for filing.		
Please 1	return all co	rrespondence concerni	ng this matter to the	following:			
	Jeremy Thakurdin, Esq. Name of Contact Person						
The Law Offices of Jeremy Thakurdin							
			Firm/Company	,			
	8219 Via Verona, Suite 101						
			Address				
	Orlando, FL 32836 City/State and Zip Code						
			City/State and Zip (Code			
		jerer E-mail address: (to l	ny.thakurdin@gm	nail.com	• * • • •		
		E-mail address: (to t	be used for future a	innual report not	ification)		
For fur	ther informa	tion concerning this m	atter, please call:				
		eremy Thakurdin	at (_	407)	574 - 2300 time Telephone Number		
	Nan	ne of Contact Person		Area Code & Day	time Telephone Number		
Enclose	ed is a \$35.0	0 check made payable	to the Department o	f State.			
		Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	Street Address Amendment Street Division of C Clifton Build 2661 Execution Tallahassee,	Section Corporations ling ive Center Circle		

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

statement of cha	provisions of sections 607. nge is submitted for a corp	ooration organizea	l under the laws of the Stat	te of Florida			
	r to change its registered o			•			
1. The name of the corporation: Metro Architecture + Planning, Inc. 2. The principal office address: 7901 Kingspointe Parkway, Suite 9, Orlando, FL 32819							
2. The principal	office address: 7901 Kin	igspointe Park	way, Suite 9, Orlando	o, FL 32819			
3. The mailing a	ddress (if different): 8219	9 Via Verona, S	Suite 101, Orlando, F	L 32836			
4. Date of incorp	oration/qualification:	3/29/02	_ Document number:	P02000036485			
	street address of the curre tment of State: (If resigned		t and registered office on f	ile with the			
	Joshi, Ravish B	ring to the top of the second					
	7862 Saint Giles Pla	nce					
	Orlando, FL 32835						
6. The name and (if changed):	street address of the new	registered agent (i	f changed) and /or register	ed office			
	Jeremy Thakurdin, E	Esq.		A SECTION AND A			
	8219 Via Verona, Su						
•	O-11- El 00000	P.O. Box NOT acc	ceptable				
	Orlando, FL 32836						
The street address changed will	ess of its registered office be identical.	and the street add	dress of the business offic	e of its registered agent,			
Such change wa authorized by th	as authorized by resolutione board, or the corporation	n duly adopted by on has been notifi	y its board of directors or ed in writing of the chang	by an officer so			
	re of an officer or director		Savita Joshi,	President			
I hereby accept I further agree of my duties, an document is be		tered agent and a ions of all statute accept the obliga a change in the r of this change.		ty. Id complete performance istered agent. Or, if this i hereby confirm that the			
2	, 12		9/28/	10			
	nature of Registered Agent		Date				
If signing on be	chalf of an entity:						
	ffices of Jeremy Thak	<u>kurdin</u>					

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