P03090

(Re	equestor's Name)						
(Ad	dress)						
(Ad	dress)						
(Cit	y/State/Zip/Phon	e #)					
PICK-UP	WAIT	MAIL					
(Bu	siness Entity Nar	me)					
(Document Number)							
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SECRETARY OF STATE DIVISION OF CORPORATIONS

17/06 17/06

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: LANDRUM & BROWN, INCORPORATED								
(Name of Corporation)								
DOCUMENT NUMBER: P03090								
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Jill Probst								
(Name of Contact Person)								
National Service Information, Inc								
(Firm/Company)								
145 Daker St								
145 Baker St (Address)								
(. radi 500)								
Marion, Ohio 43302								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Jill Probst at (740) 387-6806								
Jill Probst at (740) 387-6806 (Name of Contact Person) (Area Code & Daytime Telephone Number)								
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address: Street Address:								
Amendment Section Amendment Section								
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building								

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



August 1, 2006

To Whom It May Concern:

Please file the enclosed Change of Agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 110$

Sincerely,

Jíll Probst

Corporate Services Department

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

	provisions of sections to ange is submitted for a				Statutes, this		
-	er to change its register	-	-	•	lorida.		
1. The name of	the corporation:	LAND	RUM & BROWN,	INCORPOR	ATED		
2. The principal	office address: 11279	CORNELL PAR	K DR.				
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:	08/20/1984	Document num	_{ber:} P0309	0		
5. The name and	d street address of the criment of State:						
	CT CORPORATION SYSTEM						
	1200 S. PINE ISLAND ROAD						
	PLANTATION I	FL 33324			_	SECRETARY OF COR	
6. The name and (if changed):	d street address of the n	ew registered agen	t (if changed) and /or	registered offi	ice	ORPORATIONS B PH 4: 2:2	
	NRAI Services	Inc.				Fights Fight	
	2731 Executive				_	P -	
	Weston, FL 3	O. Box NOT acceptable)			-		
The street address changed will	ess of its registered off be identical.	ice and the street a	address of the busine	ess office of its	s registered a	gent,	
=	as authorized by resolute he board, or the corpor	_					
(Signati	ure of an officer or director)	5	DENNIS (Printed o	F. P.		SER ETAR	
I hereby accept	the appointment as re to comply with the pro nd I am familiar with a ing filed merely to refle s been notified in writi	gistered agent and visions of all statu nd accept the obli ect a change in the ng of this change.	d agree to act in this	canacity	·	nance if this it the	
Jui PM	glat Assistant gnature of Registered Agent)	H Secretary	Aug_	1 2000			
•	chalf of an entity:		-	(Date)			
JILL PRO	•						
	Typed or Printed Name)						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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