P09011

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FEB 28 AM II: 31

DEPARTMENT OF STA

No No

FEB 28 2012 C. MUSTAIN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 108821 7872804

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 27, 2012

ORDER TIME : 9:39 AM

ORDER NO. : 108821-005

CUSTOMER NO: 7872804

CHANGE OF AGENT

NAME: SMITH & LOVELESS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	unge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Kansas ered agent, or both, in the State of Florida.		
1. The name of	the corporation: SMITH & LOVELES	SS, INC.		
2. The principal	office address: 14040 Santa Fe Trail I	Drive, Lenexa KS 66215		
 	· · · · · · · · · · · · · · · · · · ·			
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: 02/07/1986	Document number: P09011		
	d street address of the current registered a rtment of State:	gent and registered office on file with the		
	CT Corporation System			
	1200 S. Pine Island Road			
	Plantation FL 33324			
6. The name and (if changed):	I street address of the new registered ager	at (if changed) and /or registered office		
	Corporation Service Company			
	1201 Hays Street			
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,		
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an officer so stified in writing of the change.		
Mall	are of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)		
I hereby accept I further agree of my dutt is, an document is be corporation has	the appointment as registered agent an to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the		
By:	on Service Company	02/24/2012		
- Osi	gnature of Registered Agent)	(Date)		
If signing on be	half of an entity:	•		
Sylvia Quepp	et, Asst. Vice President	•		
(1	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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