Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850) 558-1575

POCT - I AM 8: 0(
ORETARY OF STATE

REGISTERED AGENT CHANGE

MICHAEL GRAVES & ASSOCIATES, INC.

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

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $^{\prime}$

| statement of change is submitted for a corporation of | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of New Jersey egistered agent, or both, in the State of Florida. |
|--|--|
| 1. The name of the corporation: MICHAEL GI | RAVES & ASSOCIATES, INC. |
| The principal office address: 341 Nassau Street, Princeton, NJ 085 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 10/27/198 | Document number: P11909 |
| 5. The name and street address of the current registe Florida Department of State: | red agent and registered office on file with the |
| C T Corporation System | |
| 1200 South Pine Island Ro | oad % |
| Plantation, FL 33324 | The state of the s |
| 6. The name and street address of the new registered (if changed): Corporation Service Comp | Dr. |
| | Jany |
| 1201 Hays Street (P.O. Box NOT according to the contract of th | cotable) |
| Tallahassee, FL 32301 | |
| The street address of its registered office and the sas changed will be identical. | street address of the business office of its registered agent, |
| Such change was authorized by resolution duly ad authorized by the board, or the corporation has be | opted by its board of directors or by an officer so en notified in writing of the change. |
| (p.B) | Maureen Cullen, Attorney in Fact |
| I hereby accept the appointment as registered age I further agree to comply with the provisions of al of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this change Corporation Service Company | nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange. |
| By: (Signature of Registered Agent) | 9-30-09 (Date) |
| If signing on behalf of an entity: | , |
| Michelle R. Vannoy, Asst. V.P. (Typed or Printed Name) | |
| | G FEE: \$35.00 * * * |

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

CR2E045 (8/05)