22394

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OCT 27 2011

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 955129 7854347

AUTHORIZATION	XX	Wa	O ma	
COOR TIME	/X .	4 25		•

COST LIMIT (/\\$\35.00

ORDER DATE: October 24, 2011

ORDER TIME : 10:05 AM

ORDER NO. : 955129-011

CUSTOMER NO: 7854347

CHANGE OF AGENT

NAME: CUNNINGHAM LINDSEY U.S. INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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 ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Texas registered agent, or both, in the State of Florida.	this
1 The name of	the corporation: CUNNINGHAI	M LINDSEY U.S. INC.	
2. The principa	l office address: 300 N Martingal	e Rd., Suite 750, Schaumburg IL 60148	
		····	
3. The mailing	address (if different): 1920 S. Hig	hland Ave., Suite 333, Lombard IL 60148	
4. Date of incor	poration/qualification: 01/04/198	Document number: P22394	
	d street address of the current regist rtment of State:	tered agent and registered office on file with the	
	NRAI Services, Inc.		
	515 E. Park Avenue		.# ≟ on
	Tallahassee FL 32301	·	H oct 27
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	27 9
	Corporation Service Compan	у	ORFORATION A
	1201 Hays Street		5
	(P.O. Box NOT ac	cceptable)	
	Tallahassee, FL 32301		
as changed will	l be identical.	street address of the business office of its registe	_
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	so
(Signat	urc of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
I further agree of my duties, ar document is be corporation ha	to comply with the provisions of a	ent and agree to act in this capacity. ill statutes relative to the proper and complete po he obligation of my position as registered agent, e in the registered office address, I hereby confi hange.	erformance Or, if this rm that the
Ву: 🤇 (un. a.	10/21/2011	
	gnature of Registered Agent)	(Date)	<u>_</u>
	chalf of an entity:		
Sylvia Quepp			
(Typed or Printed Name)		

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