P24795

(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
•		
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
		ı

Office Use Only



100288621091

FILED

70028862 FLORID

10028862-017 **35.00

NOT INTENDED IN 1:21

16 AUG - 3 PM 1-5

gu m

ĊT

August 2, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10101550 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Egiin CAS, Inc. (AL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of F	Alabama
1. The name of the corporation: EGLIN CAS, INC.	
2. The principal office address: 100 Quality Circle, Huntsville, AL 35806	
3. The mailing address (if different): 601 Jefferson, Suite 3400 Houston Texas 77002	
4. Date of incorporation/qualification: 06/15/1989 Document number: P24795	
5. The name and street address of the current registered agent and registered office on file wire Florida Department of State: (If resigned, enter resigned)	th the
Corporation Service Company	
1201 Hays Street, Tallahassee, FL 32301-2525	
	AUG.
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):	G-3 AH ASSEE FI
C T Corporation System	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
c/o C T Corporation System, 1200 South Pine Island Road	कृत हैं
PO Box NOT acceptable	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent.
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	officer so
Beth Ann Dranguet, ASSISTANT S	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and comperformance of my duties, and I am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered office hereby confirm that the corporation has been notified in writing of this change.	plete as registered
By: 8.1.16	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
M.E. Jones, Asst. Sec.	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	

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

CR2E045 (03/12)