

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

ARLON, INC.

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.15 ange is submitted for a corporation organized unde fer to change its registered office or registered agen	or the laws of the State of Delwar	<u> </u>	٥	
1. The name of	the corporation: Arion, Inc.				
2. The principa	l office address: ERA BLVD.STE 432LAKE MARY FL 3274	16			
3. The mailing	address (if different):				_
4. Date of incor	poration/qualification: 09/18/90 Doc	cument number: P30969			_
	d street address of the current registered agent and r riment of State: (If resigned, enter resigned)	registered office on file with the			
	THE PRENTICE-HALL CORPORATION SYSTEM	M, INC.			
	1201 HAYS STREET SUITE 105 TALLAHASSEE	3 FL 32301			
6. The name an (if changed):	d street address of the new registered agent (if chan	ged) and /or registered office	SECRETARY OF ST TALLAHASSEE FLO	09 MAR -	
	C T Corporation System		ΞΞŜ S ΥΥ	တ်	,
	c/o C T Corporation System, 1200 South	Pine Island Road	F S	3	1
•	(P.O. Box. NOT acceptable)		ORI	٠ψ	
	Plantation, Florida 3332		. S m	28	
	ess of its registered office and the street address of be identical. as authorized by resolution duly adopted by its be board, or the corporation has been notified in	oard of directors or by an office writing of the change.	er so	mt,	
	Mark Eppley, Vice President (Princed or types name and (IIIo)				
I hereby accept I further agree of my duties, an accument is be corporation ha	t the appointment as registered agent and agree to comply with the provisions of all statutes related I am familiar with and accept the obligation of ing filed merely to reflect a change in the register seen notified in writing of this change.	• • •	performa it. Or, if firm that	nce this the	
By: /////	C.T. Corporation System Megan G. Ware	04/04/2009		_	
	Assistant Secretary	(Date)			
if signing on b	chalf of an entity:				
	Typed or Printed Name)				
	* * * Filing FEE: \$35.0	0 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (\$405)