Florida Department of State

Division of Corporations Public Access System

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From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 : (608)827-5300 Phon**e**

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REGISTERED AGENT CHANGE

GORDON & ASSOCIATES, INC.

HAY 18

Certificate of Status Certified Copy 1 Page Count 02 Estimated Charge 387.50

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C. Coullette MAY 1 9 2005

		OF REGISTERED OFFICE OBOTH FOR CORPORATIONS	
Pursuant to t	he provisions of sections	607.0502, 617.0502, 607.1508, or 617.	.1508, Florida Statutes,
this statement	of change is submitted for	a corporation organized under the law	s of the State of
Florida	in order to chang	ge its registered office or registered age	ent, or both, in the State
of Florida.			met.
i. The name of the corporation: Gordon & Associates, Inc.			<u> </u>
2. The principal office address: 11607 Spring eale Road, Potomac. MD 20854			
			福斯 西 F
			7
3. The mailing address (if different):			
4. Date of inc	orporation/qualification:	3/28/1996 Document numb	er: P96000028578
6. The name changed):	Tallahasse, Florida 3230 and street address of the	new registered agent (if changed) and	/or registered office (if
U ,	Business Filings Incorpor	rated	
	1203 Governors square I	3lvd., Suite 101	
		ox or personal mailbox NOT acceptable)	
	Tallahasse, Florida 3230	1	
-		e and the street address of the business	
Such change tauthorized by	was authorized by resoluti the board, or the corporat	on duly adopted by its board of director ion has been notified in writing of the c	rs or by an officer so change.
Signature of an orne	cer, chairman or vice chairman of the b	Michael Gordon, President (Printed or typed name at	nd title)
I further agrec performance c registered ag	e to comply with the provi of my ditties, and I am fam ent. Or. if this document i	stered agent and agree to act in this ca sions of all statutes relative to the prop tiliar with and accept the obligation of s being filed merely to reflect a change c corporation has been notified in writi	ier and complete my position as in the registered
///	\d//	5/3/2005	
	(fi) profite of Registered Agent)	(Date)	
f signing on hoh	•	A) /D	
Dusiness Filing	gs Incorporated	AVP	

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

(Capacity)

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Typed or Printed Name)