

P960001D1573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

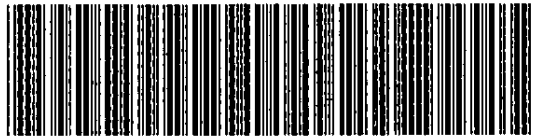
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:  
Corrected document  
by telephone call  
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Office Use Only



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10 JUN -7 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JUN 08 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2010

VAN A. MILLER  
316 HENRY AVENUE  
SEWICKLEY, PA 15143

SUBJECT: VAN AUKEN MILLER AIA ARCHITECT, INC.  
Ref. Number: P96000101573

*Response  
See Attached*

We have received your document for VAN AUKEN MILLER AIA ARCHITECT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 010A00008779

RECEIVED  
10 JUN -7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Van Auken Miller AIA Architect, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P96000101573

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Van A. Miller  
Name of Contact Person

Firm/Company

316 Henry Avenue  
Address

Sewickley, PA 15143  
City/State and Zip Code

vanamiller@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Van A. Miller at ( 412 ) 741-2095  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Van Auken Miller AIA Architect, Inc.
2. The principal office address: 316 Henry Avenue, Sewickley, PA 15143
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Jan. 1, 1997 Document number: P96000101573
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Van A. Miller  
316 Henry Ave  
Sewickley, Pa 15143

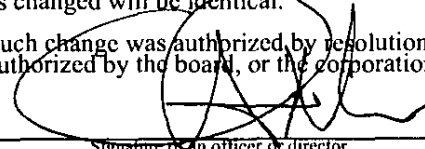
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10 JUN -7 AM 10:42  
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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jason Miller  
960 Club Sylvan Drive Apt. B  
P.O. Box NOT acceptable  
Orlando, FL 32825

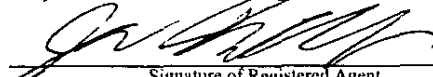
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Van A. Miller Pres / Sec  
\_\_\_\_\_  
Printed or typed name and title

*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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

3/31/2010  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jason Miller  
\_\_\_\_\_  
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