

DEC-28-2011 16:06
Division of Corporations

P.01
Page 1 of 1

109000004982

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H110003030913ABCS

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CTPROCOMPLY
Account Number : I20100000053
Phone : (608)827-5300
Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lbriars@ismachon.com

RECEIVED
28 DEC 29 PM 4:48
TALLAHASSEE FLORIDA

REGISTERED AGENT CHANGE
MACHON & MACHON, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Handwritten signature and date 12/29/2011

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DEC-29-2011 16:07

P.02

Fax Audit # H11000303071 3

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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: MACHON & MACHON, INC.
2. The principal office address: 838 Busse Hwy, Park Ridge, Illinois 60068
3. The mailing address (if different):

4. Date of incorporation/qualification: 12/14/2009 Document number: F09000004982

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301 US

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

CT Corporation System
1200 South Pine Island Road, Plantation, Florida 33324
P.O. Box NOT acceptable

DEPT. OF STATE
TALLAHASSEE, FL 32304

2111 DEC 29 PM 4:48

FILED

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.

Kirke Machon
Signature of an officer or director

Kirke Machon, President
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.

Mark
Signature of Registered Agent

22nd day of December, 2011
Date

If signing on behalf of an entity:

Mark Williams, AVP
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 (8/05)

Fax Audit # H11000303091 3