3000000405

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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2012 JUN 22 AM 11: 13

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T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

242753

AUTHORIZATION

COST LIMIT

ORDER DATE : June 15, 2012

ORDER TIME : 9:38 AM

ORDER NO. : 242753-006

CUSTOMER NO: 7887813

CHANGE OF AGENT

NAME: MARCO CONTRACTORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of change is	submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, to ized under the laws of the State of Pennsylvered agent, or both, in the State of Florida.		-
1. The name of the cor	rporation: MARCO CONTRAC	TORS, INC.		
2. The principal office	address: 100 Commonwealth [Drive		
	Warrendale, PA 1508			
3. The mailing address	s (if different):			
4. Date of incorporation	on/qualification: 01/22/1998	Document number: F9800000405		
5. The name and stree Florida Department		gent and registered office on file with the		
NRA	Al Services, Inc.			
515	E. Park Avenue		12	SIVIC 35:
Tall	Tallahassee, FL 32301			문운
6. The name and street (if changed):	t address of the new registered agen	at (if changed) and /or registered office	2 JUN 22 PM 12:	TARY OF S
Сот	poration Service Company	<u> </u>	.: ::	RAT
120	1 Hays Street		2	9.KO
	(P.O. Box NOT acceptable)			. 63
Tall	ahassee, FL 32301			
The street address of as changed will be ide	its registered office and the street entical.	address of the business office of its register	ed agen	t,
Such change was autlauthorized by the boa	norized by resolution duly adopted ird, or the corporation has been no	l by its board of directors or by an officer so tified in writing of the change.	0	
Mourie	- Cothell	Maureen Cathell, Vice President		
(Signature of an	officer or director) oppointment as registered agent and apply with the provisions of all state in familiar with and accept the obliced merely to reflect a change in the notified in writing of this change. rvice Company	(Printed or typed name and title) d agree to act in this capacity. utes relative to the proper and complete per igation of my position as registered agent. e registered office address, I hereby confirm	rforman Or, if th n that th	ce vis ve
By: S		June 15, 2012		_
Q Signatural	or registered Agent)	(Date)		
If signing on behalf o				
	sistant Vice President			
(1ypeu oi	* * * FILING FE	E: \$35.00 * * *		

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