P13129

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 500147 7917666

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 17, 2013

ORDER TIME : 3:51 PM

ORDER NO. : 500147-002

CUSTOMER NO: 7917666

CHANGE OF AGENT

NAME: JORDAN & SKALA ENGINEERS, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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 ch	ange is submitted for a corporation	on organized under the laws of the State of Georgia	
in orde	er to change its registered office o	or registered agent, or both, in the State of Florida.	
	the corporation: JORDAN & S		
2. The principal	l office address: 4275 Shackle	ford Road NE, Suite 200, Norcross GA 30093	
			
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 02/05/19	987 Document number: P13129	
	d street address of the current reg artment of State: (If resigned; ente	istered agent and registered office on file with the resigned)	
	CT Corporation System		
	1200 S. Pine Island Road		
	Plantation FL 33324	FI P	
6. The name and (if changed):	-	PART SEEF FLORI pany	
	Corporation Service Comp	pany ORILE 35	
	1201 Hays Street	>	
		Box NOT acceptable	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the	e street address of the business office of its registered agent,	
Such change was	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Jule	Deb Reeves, Vice President		
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporation By:	to comply with the provisions of f my duties, and I am familiar wit	Printed or typed name and title sigent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of mv position as registered by to reflect a change in the registered office address, I otified in writing of this change. O1/17/2013 Date	
	V		
it signing on be	ehalf of an entity:		
Sarah Wrigh	it, Asst. VP	_	
~ 1	Typed or Printed Name		

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

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