## 334025

(Requestor's Name)				
(Ac	ldress)			
•				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
•	•	•		
(Document Number)				
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

De July



## **FILING REQUEST**

January 30, 2008

## **FLORIDA SECRETARY OF STATE**

Type of Filing:

CHANGE OF AGENT

Subject(s):

EL DE CO., INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #28112 FOR \$35.00

Return Via:

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Johnson

## $\bullet$ 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 South Carolina in order to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of the	<b></b>	De Co., Inc. of South Carolina	тиа.	
	fice address: 5751 Augusta Road, Green	rille, SC 29605-2760		
3. The mailing add	ress (if different):			
4. Date of incorpora	ation/qualification: 03/19/1975	Document number: 834025	<u> </u>	
	reet address of the current registered agen		the	
	CT Corporation System			
1	200 S. Pine Island Road		ASSE ASSE	
	Plantation, FL 33324		P ST CF ST	
6. The name and str (if changed):	reet address of the new registered agent (i	f changed) and /or registered offic	); <b>4.2</b> TATE ORIDA	
<u>_ N</u>	NRAI Services, Inc.			
_2	2731 Executive Park Drive, So	uite 4		
,	(P.O. Box NOT acceptable)  Weston, FL 33331			
<del></del>	of its registered office and the street add	lress of the business office of its	registered agent,	
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 o	of an opticer or director)	Stephen L. Reynolds, CFO (Printed or typed name and tit	le)	
I further agree to come of my duties, and I document is being	e appointment as registered agent and a comply with the provisions of all statutes am familiar with and accept the obligat filed merely to reflect a change in the re een notified in writing of this change.	s relative to the proper and comp tion of my position as registered	agent. Or, if this	
_Sul	Johnson Agent	1-30-08 (Date)		
If signing on behal	ufe of Registered Agent)  If of an entity:	(Date)		
	Asst. Secretary ed 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 \* \* \*