Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE

CAMPBELLSVILLE INDUSTRIES, INC.

Certificate of Status	0
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6/19/2009 1./2/19

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

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fl	orida Statutes,
this statement of Kentucky	of change is submitted for a corporation organized under the laws of the Si in order to change its registered office or registered agent, or bo	="
of Florida.		
1. The name of	f the corporation: Campbellsville Industries, Inc.	
2. The principal	al office address: PO Box 278, 440 Taylor Blvd., Campbellsville, KY 42719	FEE SECTION OF THE SE
3. The mailing	address (if different):	HASSE.
4. Date of incom	proporation/qualification: 3/8/2001 Document number: F010	000001343
	nd street address of the current registered agent and registered office on file artment of State: NRAI SERVICES, INC.	with the
	2731 EXECUTIVE PARK DRIVE, Ste. 4	
	WESTON, FLORIDA 33331	
6. The name a changed):	Business Filings Incorporated 1203 Governors Square Blvd., Suite 101	tered office (if
	(P.O. Box or personal mailbox NOT acceptable)	
	Tallahassee, Florida 32301-2960	
The street addragent, as change	ress of its registered office and the street address of the business office of ged will be identical.	its registered
Such change wanthorized by t	was authorized by resolution duly adopted by its board of directors or by a the board, or the corporation has been notified in writing of the change. Tom May, Treasurer	n officer so
I hereby accept further agree performance of registered ages office address,	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply dities, and I am familiar with and accept the obligation of my position. Or, if this document is being filed merely to reflect a change in the reflect of the composition has been notified in writing of this (Signature of Registered Agent)	omplete ion as gistered change.
If signing on beha Mark Williams	alf of an entity:	
	(Typed or Printed Name) (Capacity)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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