

704000001986Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION
Account Number : FCA000000023
Phone : (850) 222-1094
Fax Number : (850) 898-5300***RE-SUBMIT***Please retain original filing
date of submission 4/11

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

Email Address: _____

**REGISTERED AGENT CHANGE
BLUELINX CORPORATION**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____ **BLUELIX CORPORATION**
Name of Corporation

DOCUMENT NUMBER: F04000001986

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

Deborah.Wright@BlueLinxCo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person _____ at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: BLUELINX CORPORATION
2. The principal office address: 4300 WILDWOOD PARKWAY ATLANTA GA 30339
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/12/2004 Document number: F04000001986
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)
NATIONAL CORPORATE RESEARCH, LTD. Inc.
515 E. PARK AVE. TALLAHASSEE/FL/32301
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
C T Corporation System
c/o C T Corporation Systems, 1200 South Pine Island Road
Plantation, Florida 33324

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.

Sharlin Aldao
Signature of an officer or director

Sharlin Aldao, Secretary
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.

By: Rebecca Barth
Signature of Registered Agent

4/8/2011
Date

If signing on behalf of an entity:
Assistant Secretary
Rebecca Barth
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)