

F05000007196

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

AMERICAN GLASS SUPPLY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED  
05 DEC 14 AM 8:00  
DIVISION OF CORPORATIONS

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05 DEC 14 AM 9:36  
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02/14/2005  
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**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: American Glass Supply, Inc.
- 2. The principal office address: 10 Elvira Mendez Street, Top Floor  
Panama, Republic of Panama
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-07-2005 Document number: FB5000007196

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gerald I. Ritthaler  
2615 S.W. 17th Circle  
Delray Beach, FL 33445

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT CORPORATION SYSTEM  
1200 South Pine Island Road  
(P.O. Box NOT complete)  
Plantation, FL 33324

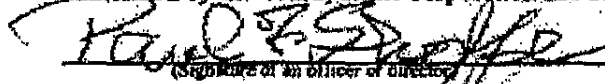
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

Paul F. Shaffer, Power of Attorney  
(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.

Connie Beyan, Special Agent  
(Signature of Registered Agent)

12/14/05  
(Date)

If signing on behalf of an entity:

CONNIE BEYAN  
(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