

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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
CMIC SPECIALTY SERVICES, INC.

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

RECEIVED

12 JAN 31 AM 8:01

RECEIVED
TALLAHASSEE, FLORIDA

12 JAN 31 PM 12:30
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TALLAHASSEE, FLORIDA

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AND
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Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CMIC Specialty Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000002425

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:

Mary Beth Byard
Name of Contact Person

CT Corporation System
Firm/Company

208 S. LaSalle St., Suite 814
Address

Chicago, IL 60604
City/State and Zip Code

cbrandt@churchmunicipal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Beth Byard at (312) 288-3571
Name of Contact Person 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

CR2ED45 (8/05)

FD006 - 07/23/2000 C T Systems Online

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

1. The name of the corporation: CMC SPECIALTY SERVICES, INC.
2. The principal office address: 3000 SCHUSTER LN, MERRILL, WI 54452
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/17/2006 Document number: F06000002425
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)

SMITH, BARBARA R
2211 MORNINGSIDE DR.
CLEARWATER FL 33764 US

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 System, 1200 South Pine Island Road
P.O. Box NOT acceptable
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.

Herman W. Vandenberg
Signature of an officer or director

Herman W. Vandenberg, Treasurer
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: C T Corporation System
Connie Bruan
Signature of Registered Agent

January 25, 2012
Date

If signing on behalf of an entity:

Connie Bruan
Typed or Printed Name
Assistant Secretary

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)

FL006-0721/0009 C T System On Ser

12 JAN 31 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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