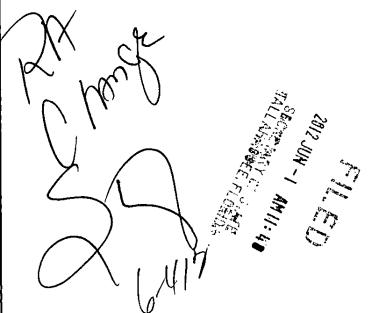
(Requestor's Name)	_
(Address)	_
(Address)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	7

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ORPORATION SERVICE COMPANY	ACCOUNT	NO.	:	I2000000195

REFERENCE : 224910 5150814

AUTHORIZATION :

COST LIMIT : \$ \$5.00

ORDER DATE : June 1, 2012

ORDER TIME : 9:53 AM

ORDER NO. : 224910-008

CUSTOMER NO: 5150814

## CHANGE OF AGENT

NAME: PERMASTEELISA NORTH AMERICA

CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of change is submi	tted for a corporation organi	, 607.1508, or 617.1508, Florida Statu zed under the laws of the State of Dela red agent, or both, in the State of Florid	ware	_		
1. The name of the corporation	on: PERMASTEELISA N	ORTH AMERICA CORP.				
		n: Legal Department, Windsor, Cl	Г 06095			
3. The mailing address (if dif	ferent):					
4. Date of incorporation/qual	ification: 06/29/2004	Document number: F0\$00000	)314			
5. The name and street address Florida Department of Stat		ent and registered office on file with the	e			
C T Corpo	oration System		SE SE	9819		
1200 South Pine Island Road						
Plantation	C T Corporation System  1200 South Pine Island Road  Plantation, FL 33324 US					
(if changed):		(if changed) and /or registered office	An III			
<u></u>	on Service Company		•			
1201 Hays	(P.O. Box NOT acceptable)					
Tallahasse	e, FL 32301					
The street address of its regias changed will be identical.	stered office and the street a	address of the business office of its rep	gistered age	ent,		
		by its board of directors or by an offi ified in writing of the change.				
Signature of an officer of	ir director)	Maureen Cathell, Vice President (Printed or typed name and title)		_		
I further agree to comply with of my duties, and I am famil document is being filed mer corporation has been notified.	th the provisions of all statu iar with and accept the oblively to reflect a change in the ed in writing of this change.	l agree to act in this capacity. tes relative to the proper and complet gation of my position as registered ag registered office address, I hereby co	te performa ent. Or, if onfirm that	ince this the		
Corporation Service (	<u></u>	06/01/2012				
0 -	ered Agent)	(Date)				
If signing on behalf of an en Sylvia Queppet, Asst. VP	•					
(Typed or Printed)						

\* \* \* FILING FEE: \$35.00 \* \* \*