

F090000000142

**Florida 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 SYSTEM
Account Number : FCA000010000
Phone : (850) 221-1000
Fax Number : (850) 878-5368

RE-SUBMIT

**Please retain original filing
date of submission 3/25**

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

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2010 MAR 26 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
THULE TOOLBOX, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	054
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 25 PM 2:18

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C.COULLETTE

MAR 26 2010

EXAMINER



March 25, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THULE TOOLBOX, INC.
42 SILVERMINE ROAD
SEYMOUR, CT 06483

SUBJECT: THULE TOOLBOX, INC.
REF: F09000000142

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

FAX Aud. #: H10000067689
Letter Number: 810A00007420

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thule, Inc.
Name of Corporation

DOCUMENT NUMBER: F09000000142

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:

Jackie Kuzia
Name of Contact Person

Thule, Inc.
Firm/Company

42 Silvermine Rd.
Address

Seymour, CT 06483
City/State and Zip Code

jackie.kuzia@thule.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Kuzia at (203) 881-4881
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

CR2E045 (1/05)

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

1. The name of the corporation: Thule, Inc.

2. The principal office address: 42 Silvermine Rd.

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/08/2009 Document number: F09000000142

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)

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

Weston, FL 33331 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.

[Signature]
Signature of an officer or director

Mark John
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.

C T Corporation System

By: _____
Signature of Registered Agent

Date

If signing on behalf of an entity:

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)

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