

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax 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 firture annual report mailings. Enter only one email address please. \*\*

Email Address:

REGISTERED AGENT CHANGE FLEETWOOD RV, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

R. WHITE

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2/11/2013

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CT CORPORATION

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this transfer is submitted for a corporation organized under the laws of the State of Delaware
•	ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Fleetwood RV, Inc.
2. The princips	al office address: 1031 US 224 E, Decatur, IN 46733
	A. Comment of the com
3. The mailing	address (if different):
4. Date of inco	rporation/qualification: 7/2/2009 Document number: F09000002665
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Allied Specialty Vehicles
	2778 N . Forsyth Road
	Winter Park, FL 32792
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	CT Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road Plantation,
	P.O. Box NOT acceptable
	Florida 33324
	ess of its registered office and the street address of the business office of its registered agent, toe identical.
Such change wathorized by the	as authorized by resolution duly adopted by its board of directors or by an office so he board, or the corporation has been notified in writing of the change.
James	Q Waits Assistant Socretary James A. Weite, Assistant Secretary are of on other or director  Printed or typod name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duites, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
By:	Corporation System  Atherina: Lack 27/3  number of Registered Agent  Date
If signing on be	half of an entity:
Katherine	Lockey Ast See, yped or Princed 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 (03/12)

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