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CORPORATION SERVICE COMPANY"

ACCOUNT NO. : I2000000195

REFERENCE: 765540

7830529

AUTHORIZATION : AUBBLERON

COST LIMIT : \$ 35.00

ORDER DATE : May 3, 2011

ORDER TIME : 9:28 AM

ORDER NO. : 765540-010

CUSTOMER NO: 7830529

CHANGE OF AGENT

NAME:

CONSOLIDATED COMMERCIAL

CONTROLS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of DE tered agent, or both, in the State of Florida.	this
1. The name of t	the comoration: CONSOLIDATED (COMMERCIAL CONTROLS, INC.	
	office address: 607 W. Dempster Str		
	cneet II 60056		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 4/12/2011	Document number: F1100001596	
	d street address of the current registered artment of State:	agent and registered office on file with the	
	Florida Incorporator		
	619 Cattlemen Road, Suite 011		
	Sarasota FL 34232		2011 SE(
6. The name and (if changed):	d street address of the new registered age Corporation Service Company	ent (if changed) and /or registered office	OII MAY I I SECRETARY O
			ARIII:
	1201 Hays Street (P.O. Box NOT acceptable)	c)	ORIGINAL TO THE PORT OF THE PO
	Tallahassee, FL 32301		~ ·
The street address changed will	ess of its registered office and the stree	t address of the business office of its registe	ered agent,
Such change wa	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officer otified in writing of the change.	so
None	ure of an officer or director	DONALO A. COX (Printed or typed name and title)	_
I hereby accept I further agree of my duties, an document is bei corporation has Corporation By: (Si	t the appointment as registered agent a to comply with the provisions of all sta and Long familiar with and accept the ob-	nd agree to act in this capacity. tutes relative to the proper and complete p ligation of my position as registered agent, he registered office address, I hereby confi	erformance Or, if this rm that the
	by, Assistant Vice President		
	Typed or Printed Name)		

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