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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 12000000195 Phone : (850)521-1000 : (850)558-1515 Fax Number

the email address for this business entity to be used for future channual report mailings. Enter only one email address please.\*\* Email Address:

## REGISTERED AGENT CHANGE **COVERX CORPORATION**

Certificate of Status	0
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Estimated Charge	\$35.00

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Michigan
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	he corporation: COVERX CORPORATION
7. The name of the	office address; 29621 Northwestern Highway, Southfield, MI 48034
2. The principal o	office address:
3. The mailing ad	ddress (if different): P.O. Box 5096, Southfield, MI 48086
4. Date of incorpo	oration/qualification: April 30, 1997 Document number: F97000002274
5. The name and a Florida Departs	street address of the current registered agent and registered office on file with the tment of State:
-	C T Corporation System
_	1200 South Pine Island Road
_	Plantation, FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
_	Corporation Service Company
	1201 Hays Street
-	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address as changed will to	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Blu	Blanca Lozada, Attorney in fact
I hereby accept to a further agree to of my duties, and document is bein corporation has	the appointment as resistered agent and agree to act in this capacity. It is complete performance to comply with the provisions of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of a manifest and accept the obligation of my position as registered agent. Or, if this may be a change in the registered office address, I hereby confirm that the been notified in writing of this change.  Service Company
By: The	April 5, 2010
	gnature of Registered Agent) (Darc)
If signing on beh	
	y, Assistant VP
(1)	(yped 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)