

P40501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

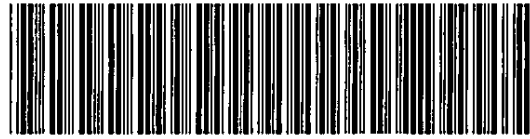
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 OCT 17 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WYO-BEN, INC.
(Name of Corporation)

DOCUMENT NUMBER: P40501

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:

Jeff Graves
(Name of Contact Person)

Premier Corporate Services
(Firm/Company)

200 West Adams, Suite 2007
(Address)

Chicago, IL 60606
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Graves at (312) 346-3603
(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

PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007
Chicago, IL 60606
(312) 346-3606 (800) 934-2556
Fax: (312) 346-3607

October 12, 2006

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
409 E. Gaines Street
Tallahassee, FL 32399

RE: WYO-BEN, INC

Dear Sir or Madam:

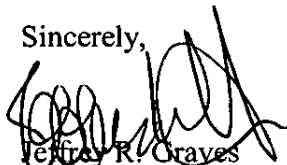
Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above caption in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Jeffrey R. Graves

JRG/cv

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

1. The name of the corporation: WYO-BEN, INC.
2. The principal office address: 1345 Discovery Drive
Plantation, FL 33324
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/2/1963 Document number: P40501
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

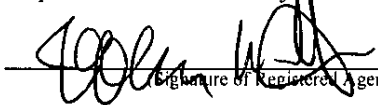
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director)

Rockwood Brown, Senior VP
(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.


(Signature of Registered Agent)

10/12/06
(Date)

If signing on behalf of an entity:

Jeffrey R. Graves
(Typed or Printed Name)

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