F96000005079

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/Clate/2lp/i Holle #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Cartification of Status					
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R.A. Charge C.COULLIETTE

AUG 24 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 103303 7719002

Α	П	т	н	റ	R	Ŧ	7.	Α	т	Т	റ	N	ľ

ORDER DATE: August 21, 2009

ORDER TIME : 9:38 AM

ORDER NO. : 103303-007

CUSTOMER NO: 7719002

CHANGE OF AGENT

NAME: KAESER COMPRESSORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

-	•	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Virginia					
in orde	r to change its registered office or registe	red agent, or both, in the State of Florida.					
1. The name of	the corporation: KAESER COMPRESSOR	S, INC.					
2. The principal	office address:						
511 Sigma D	rive, Fredericksburg, VA 22408						
3. The mailing a	ddress (if different):						
Attn: Lisa W	ightman, P.O. Box 946, Fredericksburg, VA	22404					
4. Date of incorp	poration/qualification: 10/02/1996	Document number: F9600005079					
	I street address of the current registered ag tment of State:	,					
	CT Corporation System	09 NUG 24					
	1200 S Pine Island Rd						
	Fort Lauderdale FL 33324						
6. The name and (if changed):	I street address of the new registered agen Corporation Service Company	t (if changed) and /or registered office					
	1201 Hays Street						
	(P.O. Box NOT acceptable)						
	Tallahassee, FL 32301						
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered agent,					
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.					
Mu	ma	Maureen Cullen, Attorney in Fact					
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	(Printed or typed name and title) I agree to act in this capacity, ites relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the					
By:	m d d	August 20, 2009					
(Sig	mature of Registered Agent)	(Date)					
If signing on be	half of an entity:						
	vson, Asst. Vice President						
П	'yped or Printed Name)	Tr. 675 00 + + +					
	* * * FILING FE	L: \$35.UU " " "					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314