## M04000006

(Requestor's Name)	
(Address)	!
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(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	MAIL
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(Document Number)	<del> </del>
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17 SEP 14 PM 12: 21 SECRETARY OF STATE TALLAHASSER FLOODA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	CAMBRIDGE	-LEE INDUS	TRIES LL	.C	
2 (a)	86 TUBE DR		(b) _	86 TUB	E DR	
( <b>u</b> )	Principal office address of limited lia (Note: MUST BE STREET A			Ν	_	imited liability company: POST OFFICE BOX)
	READING, PA 19612			READING	G, PA 19612	
	03/16/2004			M040000	01006	
3.	Date of filing/registration in	Florida	4.		Document num	ber
5. (a)	C T CORPORATION SYSTEM Registered Agent and Registered Office show	n on the records	of the Florida De	apt, of State	::	
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE F)	ORIDA STREE	T ADDRESS)			
	PLANTATION	  , !	FL <u>33324</u>			17 SECRE
(b)	Corporation Service Company					FILL PIL
` ,	Enter name of <u>NEW Registered Agent</u> and/o	r <u>NEW Register</u>	ed Office addre	<u>w:</u>		FILED EP IA PHIZE TARY OF STAT HASSEE, FLORI
	NEW Registered Office Address:					: 27 TE
	Tallahassee		FL_32301	· ·		
the cha agent w was/we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a Fire authorized by an affirmative vote ocles of organization or the operating a	street address forida limited of the members	of the register liability comp s of the limite	red office pany, it is d liability	and the busine hereby confirm y company or as	ss office of the registered ned that the change(s)
Signar	ure of a member or authorized representative	of a marrher	Jill Cilr	ni, Author	rized Person	amo of circum
I herel provisi the obli to mere notified	over the appointment as registered on accept the appointment as registered on a full statutes relative to the propigations of my position as registered of the reflect a change in the registered of inscriting of this change.	 ed agent and a er and comple agent as provi office address,	te performand ded for in Cha I hereby conf	ce of my c upter 605 firm that i	Printed or typed nacity. I further a chities, and I am i. F.S. Or, if this the limited liability, Assistant V	agree to comply with the familiar with and accept s document is being filed lity company has been
<u></u>	Corporation Serv	Company	i promi	-	oj, rissistant	A ICC I TUSIGCIR