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**Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE  
PREMIX-MARBLETITE MANUFACTURING CO.**

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APR 03 2014

R. WHITE

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

1. The name of the corporation: PREMIX-MARBLETITE MANUFACTURING CO.
2. The principal office address: 1001 Broken Sound Parkway NW Ste A, Boca Raton, Florida 33487
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/21/1970 Document number: 358440
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Venturelli, Michael, Mr.  
1259 N.W. 21ST STREET  
POMPANO BEACH, FL 33069

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

Business Filings Incorporated

515 E. Park Avenue

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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.



Michael Venturelli, President

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.



24th day of March, 2014

Signature of Registered Agent

Date

If signing on behalf of an entity:

Mark Williams, AVP

Typed 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

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