

568674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

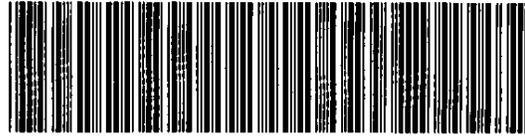
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800182935328

07/12/10--01008--018 \*\*35.00

FILED  
10 JUL 12 PM 12:13  
SECRETARY OF STATE  
MAIL ROOM

PA Change  
DC

JUL 13 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CENTRAL FLORIDA ALUMINUM PRODUCTS, INC  
Name of Corporation

**DOCUMENT NUMBER:** 568674

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:

DIANNE T GARDNER  
Name of Contact Person

CENTRAL FLORIDA ALUMINUM PRODUCTS, INC  
Firm/Company

PO BOX 291865  
Address

PORT ORANGE, FL 32129  
City/State and Zip Code

DTGARDNER@CFL.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANNE T GARDNER  
Name of Contact Person

at ( 386 ) 677-2677  
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

**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: CENTRAL FLORIDA ALUMINUM PRODUCTS INC.

2. The principal office address: 618 RUTH ST, PORT ORANGE, FL 32127

3. The mailing address (if different): PO BOX 291865, PORT ORANGE, FL 32129

4. Date of incorporation/qualification: 04/14/1978 Document number: 568674

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)

DIANNE T GARDNER

21 SUNSHINE BL

ORMOND BEACH, FL 32174

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

DIANNE T GARDNER

618 RUTH ST

P.O. Box NOT acceptable

PORT ORANGE, FL 32127

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.

Dianne T. Gardner  
Signature of an officer or director

DIANNE T GARDNER  
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.*

Dianne T. Gardner  
Signature of Registered Agent

7/9/2010  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E045 (8/05)

FILED  
10 JUL 12 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA