817139

(Requestor's Name)
,
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Doodment (Variable))
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DIVISION OF CORPORATION

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August 27, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 118$.

Sincerely,

Traci Smith
Corporate Specialist

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Traylor Bros., Inc. (Name of corporation)	
DOCUMENT NUMBER:817139	
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:	
rease return an correspondence concerning this matter to the following.	
Traci Smith	
(Name of person)	
(Name of firm/company)	
145 Baker Street (Address)	-
Marion, OH 43302	
(City/state and zip code)	
For further information concerning this matter, please call:	
Traci Smith at (740) 387-6806 (Name of person) (Area code & daytime telephone number)	
(Name of person) (Area code & daytime telephone number	r)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTable 1. 2021 Amendment Section	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

TO:

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 617.15	08, Florida Statutes, th	is statement of
	tted for a corporation organized under the laws of the State of_		in order
to change its reg	gistered office or registered agent, or both, in the State of Florida	2.	
1. The name of t	the corporation: Traylor Bros., Inc.		
2. The principal	office address:		
3. The mailing a	ddress (if different):	 	
4. Date of incorp	poration/qualification:Document number	er:81713	9
5. The name and	d street address of the current registered agent and registered offi- tment of State:		
	C T Corporation System		
	1200 South Pine Island Road		940
	Plantation, Florida 33324		AUG
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or r	egistered office	SECRETARY OF STANDER
	NRAI Services, Inc.		RAHO 3: 2:
	526 E. Park Avenue		3 €
	(P.O. Box or personal mailbox NOT acceptable)		
	Tallahasse, Florida 32301	· · · · · · · · · · · · · · · · · · ·	
The street addrechanged will be	ess of its registered office and the street address of the busines e identical.	s office of its registere	ed agent, as
Such change w	as authorized by resolution duly adopted by its board of direct e corporation has been notified in writing of the change.	tors or by an officer so	authorized by
- Kl	and Schult Den	pis A Sch.	nidt
I hereby accept I further agree duties, and I an being filed mer	Signature of an officer or director) I the appointment as registered agent and agree to act in this of the comply with the provisions of all statutes relative to the provisions are familiar with and accept the obligation of my position as registered office address, I here writing of this change.	oper and complete per gistered agent. Or, if t	formance of my
by: Nau	is Pinestagy	8126/04	
If signing on be	(Signature of Registered Agent) Chalf of an entity:	(Date)	
	Travis Pinkstaff	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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