## 828504

(Requestor's Name)
70.11
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busitess Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300030237663

03/11/04--01066--001 \*\*35.00

DIVISION OF CORPORATIONS

2004 MAR | | PM L: 28

PA Change 03/16/04 Dc



## **FILING REQUEST**

March 8, 2004

## **FLORIDA SECRETARY OF STATE**

Type of Filing:

CHANGE OF AGENT

Subject(s):

LIEBERMAN COMPANIES, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #14351 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

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

change is submi	provisions of sections 607.0. tted for a corporation organ	ized under the laws o	of the State of <u>Mi</u>				•
to change its reg	gistered offic <mark>e or</mark> registered o	agent, or both, in the	State of Florida.				
1. The name of t	the corporation: Lieberman	n Companies, Inc.	· <u> </u>	<u> </u>	.1		
2. The principal	office address: 9549 Penn	Avenue South, Blo	omington, MN 5	5431			
	· ·	<u> </u>	<u>.</u>	· ·		<u>-</u>	
3. The mailing a	ddress (if different):		·	· -> 3.		<u>.                                      </u>	
	<u> </u>	<u></u>	·		.‡	·	
4. Date of incorp	poration/qualification: 08/16						
	I street address of the curren riment of State:	t registered agent and	registered office	on file with the			
	CT Corporation System	<u> </u>	<u> </u>	<u></u>			_: :
	1200 South Pine Island I	Road		<u>,, -a - ; i , ,                                  </u>	_ ;;		
	Plantation, FL 33324					27	
6. The name and (if changed):	d street address of the new re	egistered agent (if cha	inged) and /or regi	stered office		SECRE IA DIVISION OF 2004 MAR I	-
	NRAI Services, Inc.		··		<del></del>	- COR	
	526 E. Park Avenue	و د د د د	<u> </u>	• •		PA	n
(P.O. Box or personal mailbox NOT acceptable)						1: 2 1: 2	<del>T</del>
	Tallahassee, FL 3230	)1	<u>.</u>	<u> </u>	<i>-</i>	98 ES	
The street addre	ess of its registered office a e identical.	nd the street address	of the business of	office of its regist	tered age	ent, as	
Such change withe board, or the	as authorized by resolution e corporation has been noti	duly adopted by its fied in writing of the	board of director, e change.	s or by an officer	so auth	orized by	
Janes Janes	MacCha- Signature of an officer of director)		Harold Leder	man, Vice Presi	ident		
I further agrée duties, and I an being filed mer been notified in	t the appointment as registe to comply with the provision in familiar with and accept t ely to reflect a change in th i writing of this change.	ered agent and agree ins of all statutes rel the obligation of my he registered office a	to act in this cap ative to the prope position as regist ddress, I hereby o	pacity. or and complete p tered agent. Or, confirm that the c	performa if this de corporat	ince of my ocument is ion has	
by: Jul	"Mochman		3	-8-04			
If signing on be	(Signature of Registered Agent)  chalf of an entity:			(Date)			
Sue Brodtmar	nn	±. Yee ⊅	Asst. Secreta	ry			
	(Typed or Printed Name)			(Capacity)		<del></del>	

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