ida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

5 1	Addréss:				
mmor+	ACAL GOO.	 	 	 	

REGISTERED AGENT CHANGE KUMMER ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	U
Page Count	02
Estimated Charge	\$35.00

4/14/2010

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of \underline{D} registered agent, or both, in the State of Fl	elaware
	the corporation: Kummer Enterprise	<u> </u>	
2. The principal	l office address: 11330 OLIVE STR	RD. ST LOUIS MO 63141 US	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification:12/18.	/1972 Document number:	829199
	d street address of the current regist rument of State: (If resigned, enter r	tered agent and registered office on file wit resigned)	h the
	NRAI SERVICES, INC.		
	2731 EXECUTIVE PARK DR., ST	TE 4	2016 APR 14
	WESTON FL 33331		TO THE REAL PROPERTY OF THE PERTY OF THE PER
6. The name an (if changed):		ed agent (if changed) and /or registered offi	SEE THE
	C T Corporation System		. S.
	c/o C T Corporation System, 1200	South Pine Island Road	31
		Bax NOT acceptable	· 7>
	Plantation, Florida 33324		-
		street address of the business office of it	
Such change wanthorized by	as authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an occur notified in writing of the change.	officer so
MASIC	a througher	Jessica L. Gardner, Sec	
I hereby accept further agree of my duties, a document is be corporation ha	ine of an officer of director I the appointment as registered as to comply with the provisions of nd I am familiar with and accept ting filed merely to reflect a chang been notified in writing of this c	Printed or typed name and big gent and agree to act in this capacity, all statutes relative to the proper and con the obligation of my position as registere ge in the registered office address, I hereb thange.	
	Corporation System	4/12/10	
	gnuture of Registered Agent	Date	<u></u>
If signing on b	chalf of an entity:		
	tey, Asst. Secretary	_	
 	Typed or Printed Nume		

* * * 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 (B/OS)