## 857372

(Ke	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
(50		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,
	<del></del>	

Office Use Only



800105821148

07/18/07--01026--012 \*\*35.00

OT JUL 18 AM 11: 28
SECRETARY OF STATE

C.A. Chang

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT:	Carbro, Inc.				
(Name of Corporation)					
DOCUMENT NO	UMBER: 857372				
The enclosed State	ement of Change of Registered Office	/Agent and fee are submitted for filing.			
	orrespondence concerning this matter				
		, and the second			
	Carlisle Kirkpat (Name of Con	rick_III			
	(Name of Con	tact Person)			
	Carbro Inc				
	Carbro, Inc.	mpany)			
	,				
,	P. O. Box 625				
•	(Addr	ess)			
300 KB 11	Hopkinsville, KY				
•	(City/State an	•			
For further inform	nation concerning this matter, please ca	all:			
	Kirkpatrick III ame of Contact Person)	at (270) 886-3936 (Area Code & Daytime Telephone Number)			
(14	and of Contact Person)	(Alea Code & Dayline Telephone Number)			
Enclosed is a \$35.	00 check made payable to the Departi	ment of State.			
	,				
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle			
	Tallahassee, FL 32314	Tallahassee, FL 32301			
		•			
	•				
		•			
	ar merende area en	đ			

CR2E045 (8/05)

## $^{\circ}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH . FOR CORPORATIONS

statement of cha	nge is submitted f	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat for a corporation organized under the laws of the State of <u>K</u> gistered office or registered agent, or both, in the State of Flor	entucky_
1. The name of t	he corporation:	Carbro, Inc.	
2. The principal	•	130 E. 25th Street	
<b>--</b>		Hopkinsville, KY 42240	
3. The mailing a	ddress (if differen	P.O. Box 625	
	<u> </u>	Hopkinsville, KY 42241	
4. Date of incorp	oration/qualificat	tion: 08/01/1958 Document number: 857	372
	I street address of tment of State:	the current registered agent and registered office on file with t	he
•	Arthur K	. Knudsen Jr.	~
	1415 Hen	dry Street	T <sub>S</sub> O
	Ft. Myer	s, FL 33902	7 JUL ECRETA
6. The name and (if changed):	•	the new registered agent (if changed) and /or registered office	
		D. DeBoest II	AM II: 28 OF STATE E. FLORID
	1415 Hen	dry Street	
	Ft. Mver:	(P.O. Box NOT acceptable) s, FL 33902	
-	ess of its registere be identical.	ed office and the street address of the business office of its re	
Such change wa authorized by th	as authorized by a ne board, or the c	resolution duly adopted by its board of directors or by an off corporation has been notified in writing of the change.	ficer so
My Signato	Salve e	Carlisle Kirkpatrick (Printed or typed name and title)	III Pres.
I hereby accept I further agree of my duties, an document is bei corporation has	the annointment	as registered agent and agree to act in this capacity, we provisions of all statutes relative to the proper and complevith and accept the obligation of my position as registered as reflect a change in the registered office address, I hereby a writing of this change.	ete performance gent. Or, if this confirm that the
If signing on be	half of an entity:		
(1	Typed or Printed Name)	<del></del>	

\* \* \* 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)

APPROVE AND