

**B9400000379**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Fax Number : (850) 878-5368

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**REGISTERED AGENT CHANGE**  
**ARR-MAZ PRODUCTS, LIMITED PARTNERSHIP**

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

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FEB 18 2012

D. BRUCE

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ARK-MAZ PRODUCTS, LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 9/22/1994 3. B9400000379  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE FL 32301-2525 US

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation, FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

mauricea miller  
Signature of General Partner Ark-Maz Management Company

*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 an accept the obligations of my position as registered agent.*

Angel Shearer **Angel Shearer**  
Signature of Registered Agent Assistant Secretary

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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**C T Corporation System**  
208 South LaSalle Street  
Suite 814  
Chicago IL 60604

Mary Beth Byard  
Chicago Corporate Team 4

**SERVICE REQUEST FORM**

Phone: (312) 345-4328  
Fax: (312) 345-4344

C T Corporation System  
515 East Park Avenue  
Tallahassee FL 32301

Phone: (850) 222-1092

Fax: (850) 222-7615

Email: CLS-CTTallahasseeFulfillment@wolterskluwer.com

Order #: 8678031 SO

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**Special Instructions:**

Please disregard the Power of Attorney if attached. If you need a correct Power of Attorney please let me know. Thank you!

**Target #7**      **Line#60**

Arr-Maz Products, L.P. (DE)

**Qty**      **Service Type**  
1      Change of Agent

**Expedited Service Level**  
No

**Jurisdiction**  
Florida

**Filing Office**  
Secretary of State, Florida

**Due By Date:**      02/21/13

**Delivery Instructions:**      Email, Mail

**Shipping Instructions:**      Anna Gemi  
Kirkland & Ellis LLP  
300 North LaSalle  
Chicago IL 60654  
Email: anna.gemi@kirkland.com  
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