## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HANKINS NORTHWOOD ROMAN WENZEL P.

Account Number : I20090000077 Phone : (561)862-4118 Fax Number : (561)862-4966

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

Email Address: jhankins@hnrwlaw.com

## REGISTERED AGENT CHANGE GOODMARK USA INC.

 Certificate of Status
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

tursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: Goodmark USA Inc.
The principal office address: 1877 S. Federal Highway, Suite 204, Boca Raton, FL 33432
The mailing address (if different):
Date of incorporation/qualification: 01/04/2000 Document number: F00000000039
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
HRAWG Corp.
1801 N. Military Trail, Suite 200  Boca Reton, FL 33431
Boca Raton, FL 33431
The name and street address of the new registered agent (if changed) and /or registered office
HANKINS NORTHWOOD ROMAN WENZEL P.L.
(if changed):  HANKINS NORTHWOOD ROMAN WENZEL P.L.  1800 N. Military Trail, Suite 160
Boca Raton, FL 33431
ne street address of its registered office and the street address of the business office of its registered agent, changed will be identical.
the change was authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
Stefan Volcke, Jr., President  Sepanwe d'au ollicer or director  Pronted or typed name and inter- proper of the appointment as registered agent and agree to act in this capacity.  Within agree to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this cument is being filed merely to reflect a change in the registered office address, I hereby confirm that the reportulon has been incitied in writing of this change.
Signature of Regulations Sent 11-16-2009
signing on behalf of an entity:
By: James M. Hankins, Manager
Typed or Printed Name  * * * FYLING FEE: \$35.00 * * *
Make checks payable to Florida Department of State  Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 2E045 (8:05)

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