-2017-11-01-13:13:34 12122023573 imberly Laughrey 11/1/2017 Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations Fax Number : (850)617-6380

1:51 0:2 2017

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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



https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: Amendment Section Division of Corporations

Scribe Manufacturing, Inc.

Name of Corporation

F0000000219
DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Cade

Name of Contact Person

Scribe Manufacturing, Inc

Firm/Company

14421 Myerlake Circle

Address

Clearwater, FL 33760

City/State and Zip Code

joc.cade@bicgraphic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Cade	,727	507-6839	
Name of Contact Person at (Area Code &	c Daytime Telephone Number	-

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E(H5 (03/12)

To: Page 4 of 4

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

1. The name of the corporation: Scribe Manufacturing, Inc.

2. The principal office address: 14421 Myerlake Circle, Clearwater, FL 33760

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/12/2000

Document number: F00000000219

5. 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)

Corporation Service Company

1201 Hays St

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

ΟŪ

Counsel

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 duies, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: CT Consortion System By: CMC PD CC Signature of Xecustered Agent

11/01/2017

Date

If signing on behalf of an entity: Kristin Bolden Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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