Division of Corporations
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REGISTERED AGENT CHANGE

MAC FLOR-TRONICS, INC.

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## H060000093143

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

statement of cha	provisions of sections 60 nge is submitted for a co ge its registered office o	rporation organiz	ed under the laws of	the State of	es, this KANSAS	_
1. The name of t	_				;.)	
2. The principal	office address:					
7901 NW 107TH TERRACE		KANSAS CITY	AS CITY MG 64153			
3. The mailing a	ddress (if different):					
4. Date of incorp	orporation/qualification: 3/2/2000 Docu			per: F0000	000001140	
	street address of the cur tment of State:	rent registered ago	ent and registered off	ice on file with the		
		C T CORPORA	TION SYSTEM		_E_ 8	
		1200 SOUTH PIN	E ISLAND ROAD			TI
	PLANTA	TION	FL	33324	SSE	
6. The name and (if changed):	street address of the nev	w registered agent	(if changed) and for i	registered office	AM 9: 0	D
	Natio	onal Corporate	Research, Ltd.,	lnc.	<b>8</b> 8	
515 East Park Avenue (P.O. Box NOT socceptable)						
	ess of its registered office be identical.					
Such change was authorized by the	is authorized by resoluti ne board, or the corpora	ion duly adopted tion has been not	by its board of directified in writing of the	nors or by an office e change.	er so	
Y Denne	bw		Gerald R	t Brown	Vice-Presid	ant
I hereby accept I further agree to of my duties, an document is bein corporation has	ignature of an officer or director the appointment as reg o comply with the provid at an familiar with an ing filed merely to reflec been polified in writing	istered agent and istored agent and istored agent and accept the oblight a chunge in the gold after the gold agent a chunge.	agree to act in this les relative to the pri jation of my position registered office add	(Printed or typed name a copocity, oper und complete as registered age, dress, I hereby con	od title) performance nt. Or, if this sfirm that the	
DAG	Bours	سر دعر	.Ianus	ary 11, 2006		
- XCA 35	(Signature of Registered Agent)	7		(Date)		
If signing on be	half of an entity:	-				
Ida_Bor	OVOY ASST Serve	tary	<b>3</b>			
	(Typed or Printed Name)	* * * FILING	FEE: <b>5</b> 35.00 * * *			

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Mail to: Division of Corporations, P.O. Box 6327, Tallahasseiji 60000093143