## F00000004858

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SECRETARY OF STATE

ALLAHASSEE, FI ORIO,

ADR 5/8/09



CORPORATION SERVICE COMPANY: ACCOUNT NO. : I20000000195

REFERENCE: 978792 4810346

AUTHORIZATION :

COST LIMIT

ORDER DATE: May 1, 2009

ORDER TIME : 9:03 AM

ORDER NO. : 978792-022

CUSTOMER NO: 4810346

## CHANGE OF AGENT

NAME: BOASSO AMERICA CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State of _	Louisiana	
1. The name of	the corporation: BOASSO AMER	ICA CORPORATION	···	
2. The principal	office address:			
4041 Parl	k Oaks Boulevard, Tampa, FL	33610	·	
_	nddress (if different): modal Drive, Chalmette, LA 7	70043		
4. Date of incorp	poration/qualification: 08/23/2000	Document number: F0000	0004858	
	d street address of the current registered rtment of State:			
	C T Corporation System		_	
	1200 South Pine Island Rd.			
	Plantation, FL 33324		2009 HAY SECRET	-71
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered off	-8 ARY	
	Corporation Service Compan	у	PAR PAR	
	1201 Hays Street		PM 12: 40 OF STATE EE.FLORID	
	(P.O. Box NOT acceptable	c)		
	Tallahassee, FL 32301		<del></del>	
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of it	ts registered agent	<b>*</b>
Such change wa authorized by the	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an otified in writing of the change.	officer so	
Man	wh-	Maureen Cullen, Attorne		
I further agree to fame to fame and the fame of the fa	the appointment as registered agent a to comply with the provisions of all stand I am familiar with and accept the obing filed merely to reflect a change in to be notified in writing of this chang tion Service Company	(Printed or typed name and and agree to act in this capacity, itutes relative to the proper and conviction of my position as registere the registered office address, I hereing.  05/06/2009		:e is e
	gnature of Registered Agent)	(Date)		
If signing on be	chalf of an entity:			
Elizabeth A	. Dawson, Asst. Vice Presiden	ıt		
(7	Typed or Printed Name)			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)