

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: PREMIER CORPORATE SERVICES INC

Account Number : I20080000023

: (651)225-9500

Phone

Fax Number

: (651)225-9579

REGISTERED AGENT CHANGE

DUININCK BROS, INC.

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

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Electronic Filing Menu

Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of the corporation:		Duininck Bros, Inc.		
2. The principal	office address; 408 6th Street, Prinsbur	·		
3. The mailing a	address (if different): P.O. Box 208, Pri	nsburg, MN 56281		
4. Date of incorp	poration/qualification: 04/24/2001	Document number: F010000	002262	
	d street address of the current registered age rtment of State:	ent and registered office on file with the	he o	
	CT Corporation System		9 18	
	1200 S Pine Island Road		至	
	Plantation, FL 33324		SSET	
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered office	JAN-9 PH 1:01	
	NRAI Services, Inc.		OF THE	
	2731 Executive Park Drive, S	Suite 4		
	(P.O. Box NOT acceptable) Weston, FL 33331			
The street address changed will	ess of its registered office and the street a	ddress of the business office of its n	egistered agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by hig board, of the dorporation has been notified in writing of the change.				
\mathcal{C}	me of an other or director)	Chris G. Duininck, Vice Presic	ient	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statu and accept the obliging filed merely to reflect a change in the isoleen notified in writing of this change. Ignault of Registrat Agent) chalf of an entity:	d agree to act in this capacity. tes relative to the proper and complete to form the proper a	ete performance gent. Or, if this confirm that the	
	Bialowas, Asst Secretary (Typed or Printed Name)			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05) (((H09000005254 3)))