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. (Re	equestor's Name)				
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(Ci	ty/State/Zip/Phone	e #)			
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TEMPASSEE FLORIS POR 10 10 8



ON SERVICE COMPANY					
	ACCOUNT NO.	. :	07210000	0032	
	ŔEFERENCI	Ξ :	632315	4336626	
	AUTHORIZATION		nelle	man	
	COST LIMIT	r :0	\$ 35.00		
ORDER DATE :	July 1 2008				
ORDER TIME :	-				
ORDER NO. :	632315-155				
CUSTOMER NO:	4336626				
	CHANGE OF	AGEN	<u>T</u>		
NAME:	GIBSON GUITA	AR CO	RP.		
DIEACE DESTIDAT	THE FOLLOWING A	על הם.		T TNC.	
		AS PR	OOF OF FI	TITING:	
CERTIF					
	~11111 DD COL 1				
CONTACT PERSON	: Troy Todd				
	F	EXAMI	NER'S INI	TIALS:	

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga er to change its registered office or regis	inized under the laws of the	State of Delaware			
1. The name of	the corporation: GIBSON GUITA	R CORP.	4.00-0-1-1	u		
2. The principal	office address:					
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 06/20/2003	Document number:	F03000003080			
	d street address of the current registered rtment of State:	agent and registered office	on file with the			
	NRAI Services, Inc.					
	2731 Executive Park Drive, Suite 4					
	Weston, FL 33331		SEONETA SECULATION SECURATION SEC			
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or reg	C.C. 12.			
	Corporation Service Compar	ıy		ر ا: 2ا		
	1201 Hays Street		ਰੰ ਜੀ	20		
	(P.O. Box NOT acceptab	le)				
	Tallahassee, FL 32301					
The street address changed will	ess of its registered office and the stree be identical.	et address of the business of	office of its registered ag	ent,		
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been 1	ed by its board of director notified in writing of the c	s or by an officer so hange.			
Mary	ure of an officer or director)	Maureen Cullen,	Attorney in Fact			
I hereby accept I further agree of my duties, an document is bel corporation has	t the appointment as registered agent of to comply with the provisions of all stand I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this cap atutes relative to the prope bligation of my position as the registered office addre te.	oacity. er and complete perform : registered agent. Or, i ess, I hereby confirm tha	ance f this t the		
By: MC	tion Service Company Lulle R. Janney	7-8	2-08			
•	ignature of Registered Agent) chalf of an entity:	U)	ace,			
Michelle R.	. Vannoy, Asst. V.P.					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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