

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE

## KRAVCO MAINTENANCE COMPANY

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rio change its registered office or registered agent, or both, in the State of Florida.
1. The name of ti	he corporation: Kravco Maintenance Company
2. The principal of	office address: 234 Mall Blvd., King of Prussia, PA 19406
3. The mailing ac	ddress (if different): c/o Corporate Paralegal, 225 W. Washington Street,
Indianapo	olis, IN 46204
4. Date of incorp	poration/qualification: 12-15-2003 Document number: F030000006199
	street address of the current registered agent and registered office on file with the training of State: (If resigned, enter resigned)
	Edward F. Blanton, 810 Thomasville Road, Tallahassee, 500
	Edward F. Blanton, 810 Thomasville Road, Tallahassee, Tus PECC PRETARRY OCT 27 PECCC PRE
	ASR 27
6. The name and (if changed):	I street address of the new registered agent (if changed) and for registered officer.
	CT Corporation System
	1200 South Pine Island, Plantation, FL 33324 (P.O. Box NOT acceptable)
The street addre	ess of its registered office and the street address of the business office of its registered agent, lbc identical.
Such change we authorized by the	as amberized by resolution duly adopted by its board of directors or by an officer so the board or the comporation has been notified in writing of the change.
	Stephen E. Sterrett. Vice President (Printed or typed nume and title)
I hereby accept I further agree of my duties, an document is being corporation has	t the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
	10/27/08
	(Date)
If signing on be	ehalf of an entity:  Josi A Rockings  Corporate Opt Monager
(	Typed or Printed Name)
	* * * FILING FEE: \$35.00 * * *

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