Florida Department of State

Division of Corporations Public Access System

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NOIS: S

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number

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REGISTERED AGENT CHANGE

TALBOT INDUSTRIES, INC.

| Certificate of Status | 0 |
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1/28/2005

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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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Talbot Industries, Inc. 2. The principal office address: No. 1 Leggett Road Carthage Mo 64836 | | | | | |
|--|-----------------------------------|--|---|-------------|--|
| | | | 3. The mailing address (if different): | | |
| | | | 4. Date of incorporation/qualification: 03/12/2004 Document number: Fa4600001\$78 | | |
| | | | 5. The name and street address of the current register Florida Department of State: | | |
| | | | Corporation Ser | doe Company | |
| | | | 1201 Hayes Street | | |
| | | | Tallehausene, PL 32301 | | |
| 6. The name and street address of the new register changed): | | | | | |
| CT Corporation System | | | | | |
| c/o C T Corporation System | | | | | |
| (P.O. Box or personal mailbox NOT acceptable) | | | | | |
| 1200 South Pine Island Road, Plantation, Florida 33324 | | | | | |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. | | | | | |
| Such change was mithorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Sean Emerick-Vice Pres. | | | | | |
| (Signature of an officer, chairman or vice chairman of the board) | (Printed of typed name and links) | | | | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | | | | | |
| CA CHI DOLLARON SYSTEM | 10270 | | | | |
| By: (Signature of Resistered Arrest) | (5) | | | | |
| (Sugarante of Register of Tagests) (Date) If signing on behalf of an entity: | | | | | |
| Jonethan Miles | Asst. Scoy. | | | | |
| (Typod or Printed Name) | (Capacity) | | | | |

Make checks payable to Plokida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallanassee, FL 32314

* * * FILING FEE: 535.00 * * *