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To:	Division of Cor Fax Number	rporations : (850)617-6380	
From:	•	CONTONIATON OFFICE COMPANY	
	Account Name Account Number	: CORPORATION SERVICE COMPANY : 120000000195 : (850)521-1000	10
	Phone Fax Number	: (850)558-1515 AE	10 HAR
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REGISTERED AGENT CHANGE CHICKASAW NATION INDUSTRIES, INC.

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Fax Server

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

statement of change is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, th ion organized under the laws of the State of Oklahoms or registered agent, or both, in the State of Florida.			
1. The name of the corporation: CHICKASAV	W NATION INDUSTRIES, INC.			
2. The principal office address: 2600 John Sax	ton Boulevard, Norman, OK 73071	والمراجعة		
3. The mailing address (if different):				
4. Date of incorporation/qualification: 05/14/2	004 Document number: F04000002863			
 The name and street address of the current rep Florida Department of State: 	gistered agent and registered office on file with the	TALL		
J. David Richeson		至		
317 S. 2nd Street		ASSE ASSE		
Ft. Pierce, FL 34948		mic mic		
6. The name and street address of the new regist (if changed):	ered agent (if changed) and /or registered office	CRETARY UF LORIDA		
Corporation Service Comp	any			
1201 Hays Street				
(P.O. Box NO	T acceptable)			
Tallahassee, FL 32301				
The street address of its registered office and t as changed will be identical.	the street address of the business office of its registere	ed agent,		
Such change was authorized by resolution dul authorized by the board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	ı		
Signature by an orning or directory	Blanca, Lozada, Attorney in fact (Printed of types) mains and tale)			
I hereby accept the appointment as registered I further agree to comply with the provisions of of my duties, and I am familiar with and accep document is being filed merely to reflect a cha corporation has been notified in writing of this	agent and agree to act in this capacity. of all statutes relative to the proper and complete perfort the obligation of my position as registered agent. (unge in the registered office address, I hereby confirm schange.	formunce Or, if this that the		
Corporation Service Company By: (Signature of Registered Agent)	March 15, 2010			
If signing on behalf of an entity:	1			
Grace E. Kirby, Assistant Vice President (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)