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Certified Copies Certificates of Status		
Supplied Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	

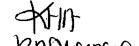
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SECRETARY OF STATE
TAULAHASSEE, FLORIDA



COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations
v .
SUBJECT: Liquid Engineering Corporation
(Name of Corporation)
DOCUMENT NUMBER: F05000006327
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen L. Magone
(Name of Contact Person)
Liquid Engineering Corporation
(Firm/Company)
D.O. D 00000
P.O. Box 80230 (Address)
Billings, MT 59108-0230
(Ci:y/State and Zip Code)
For further information concerning this matter, please call:
400 054 0405
Karen Magone at (406) 651-0105 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(1.44.10 01 001.44.11 11.00.1)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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 Montana in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Liquid Engineering Corporation		
2. The principal office address: 7 East Airport Road, Billings, MT 59105		
3. The mailing address (if different): P.O. Box 80230, Billings, MT 59108-0230		
4. Date of incorporation/qualification: 10/28/05 Document number: F05000006327		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
CT Corporation System		
1200 South Pine Island Road		
Plantation, FL 33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Incorp Services, Inc.		
17888 67th Court North		
(P.O. Box NOT acceptable) Loxahatchee, FL 33470		
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 authorized by resolution duly adopted by its board of directors or by another so authorized by the board, or the corporation has been notified in writing of the change.		
(Signature of an office or director) Wayne A. Dykstra, President (Printed or typed name and title)		
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 acidress, I hereby confirm that the corporation has been notified in writing of this change.		
Anther Worman, on behalf of Incorp Services Inc. 11 6 06 (Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
Incorp Services, Inc. (Typed or Printed Name)		

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