FDUDDDDDD1289

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

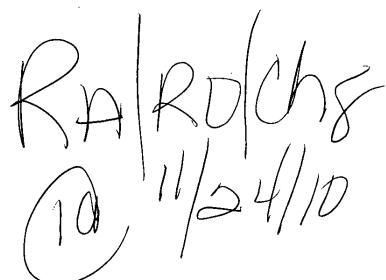


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FILEO SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Sec Division of Cor	ction porations				
Durabla	Slata Ca				
SUBJECT: Durable	(Name of Cor	poration)			
D C CALL ADAM AND AND A	- E06000001280				
	DOCUMENT NUMBER: F06000001289				
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:					
Ang	gela Gawlinski				
(Name of Contact Person)					
NRAI Corporate Services					
	(Firm/Con	ipany)			
200 West Adams, Suite 2007					
	(Addre	iss)			
Chic	eago, IL 60606				
(City/State and Zip Code)					
For further information	concerning this matter, please ca	11:			
Anc	rela Gawlinski	-4 / 312 346.3606			
	of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:	Street Address			
		Amendment Section			
	Division of Corporations	Division of Corporations			
	rananassee, FL 32314				
(Name o	eck made payable to the Departm Mailing Address: Amendment Section	Street Address: Amendment Section			

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

statement of cha	inge is submitted for a corporation orga	602, 607,1508, or 617,1508, Florida Statutes, this mized under the laws of the State of Ohio stered agent, or both, in the State of Florida.	
1. The name of t	the corporation:	Durable Slate Co.	
	office address: 1050 N. 4th Street, Colu		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 2/28/2006	Document number: F06000001289	
5. The name and		agent and registered office on file with the	
	C T Corporation System		=
	1200 South Pine Island Road		10 K
	Plantation, FL 33324		10 NOV 19 A
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	AM 9:
	NRAI Services, Inc.		: 30
	2731 Executive Park Drive		
	(P.O. Box NOT acceptable Weston, FL 33331	k)	
The street addre	ess of its registered office and the stree	et address of the business office of its registered a	igent,
Such change wa authorized by the	as authorized by resolution duly adopt he board, or the corporation has been t	red by its board of directors or by an officer so notified in writing of the change.	
Signati	the of an officer or director)	Grant Meloun - Chief Financial Officer (Printed or typed name and title)	
I further agrée : of my duties, an document is bei	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ol ing filed merely to reflect a change in a s been notified in writing of this chang	atutes relative to the proper and complete perform bligation of my position as registered agent. Or, the revistered office address. I hereby confirm th	manee if this at the
If signing on be	ehall of an entity:		
	Wlinski-Asst. Secretary Typed or Printed Name)		

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