F06000003427

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

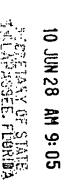
Office Use Only



900182607799

06/28/10--01042--004 **35.00

KARO Gy



To: FL Corporation Division.

Re: Florida Tool, Inc.

Enclosed please find one Statement of Change form and a check for \$35.00 for the filing fee.

If there are any questions regarding this filing please call Lara Kleinheinz at 1-866-924-9247 ext. 225

Please return all completed documents to:

CTProComply
Attn: Filing Department
8040 Excelsior Drive, Suite 200
Madison, WI 53717

Best Regards,

Filing Department CTProComply

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

statement of cha	nge is submitted for a corp	poration organize	507.1508, or 617.1508, Floi d under the laws of the State	e of Alabama	
	•		d agent, or both, in the State	? of Florida.	
1. The name of t	he corporation: Florida Too office address: 3491 Mary	Taylor Road Birn	ningham AL 35235-3234		
2. The principal	office address: 5 191 1944	Tuylor Road, Dill	g, 112 33233 323 1		
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification:	5/9/2006	Document number:	F06000003427	
	I street address of the curre tment of State: (If resigned		nt and registered office on fi	le with the	
	CORPORATION SERVICE	CE COMPANY			
	1201 HAYS STREET			128	
TALLAHASSEE FL 32301-2525					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	C T Corporation System				
1200 South Pine Island Road					
P.O. Box NOT acceptable					
	Plantation, FL 33324				
The street address changed will	ess of its registered office be identical.	and the street ad	dress of the business office	e of its registered agent,	
Such change wa authorized by th	as authorized by resolutione board, or the corporation	n duly adopted b on has been notif	y its board of directors or led in writing of the chang	by an officer so e.	
Cas	u (L) au los de	_	Gary Waylander	•	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as regist to comply with the provist d I am familiar with and ng filed merely to reflect s been notified in writing	tered agent and a legal statute accept the obliga a change in the r of this change.	Printed or typed name agree to act in this capacit is relative to the proper an ation of my position as region egistered office address, I		
By: USig	nature of Registered Agent		O O Date		
If signing on be	half of an entity:		ţ		
Mark Williams	, A.V.P., C T Corporation S	ystem			
T	yped 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

FL006 - 07/23/2009 C T System Online

CR2E045 (8/05)