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(Re	questor's Name)				
(Ade	dress)	_			
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
	·				
(Do	oumant Number				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to I	Eiling Officer				
Special instructions to i	-illing Officer.				

Office Use Only



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10/20/09--01021--005 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RD Ch 8

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: LISTER PETTER AMERICAS, INC. Name of Corporation					
DOCUMENT NUMBER: F06000006432					
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:					
Rick Olson					
Name of Contact Person					
Lister Petter Americas, Inc.					
Firm/Company					
815 F 56 Highway					
Address Address Sept. Juliania (1975) (1976) City/State and Zip Code					
Chilles Critical 1					
Olathe, KS 66061					
City/State and Zip Code					
Rick.Olson@Lister-Petter.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Rick Olson at (913) 764-3512 x270 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					
Tallahassee, FL 32301					

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	te of Delaware
	the corporation: Lister office address: 11400 I			
	ddress (if different): San	ne		
4. Date of incorp	poration/qualification:	10/9/06	Document number:	F06000006432
	I street address of the curr tment of State: (If resigne		nt and registered office on t	file with the
	Peter Barr			
	12324 Glenfield Av	e		
	Tampa, FL 33626			0 TAGE
6. The name and (if changed):	street address of the new	registered agent ((if changed) and /or register	red office AH IO: 10
	11400 Interchange	Circle North		
	Miramar, FL 33025			, do
		P.O. Box NOT a	cceptable	6
The street addre as changed will	ess of its registered office be identical.	and the street ad	Idress of the business offic	e of its registered agent,
Such change wa authorized by the	is authorized by resolution board, or the corporation	on duly adopted b ion has been notif	by its board of directors or fied in writing of the chang	by an officer so ge.
Signatur	hulu (L e of an officer or director		Rick Olson, Vic	ce President
•		stered agent and sions of all statute accept the oblige a change in the i of this change.	agree to act in this capaciles relative to the proper an ation of my position as reg registered office address, I	
Sigi	nature of Registered Agent		10/16/ Date	/09
Lister	half of an entity: Petter Americas,	Inc.		

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