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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

EMHART GLASS INC.

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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 Delawate	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: EMHART GLASS INC.	
2. The principal office address: 13075 US 19 NORTH, CLEARWATER, FL 33764	
3. The mailing address (if different): 89 PHOENIX AVE, PO BOX 1229, ENFIELD, CT 06083-1229	
4. Date of incorporation/qualification: 2/22/2007 Document number: F07000001089	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	
TALLAHASSEB FL 32301-2525 US	7
TALLAHASSEB FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US Tallahasseb FL 32301-2525 US	
C T Corporation System	ا لا
c/o C T Corporation System, 1200 South Pine Island Road	◯
(P.O. 80x NOT acceptable)	
Plantation, Plorida 33324	
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 an officer so authorized by the board, or the corporation has been nonfied in writing of the change.	
State of an ortificar or director) Just ANT MATHETS Ortificad 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 address, I hereby confirm that the corporation has been notified in writing of this change.	
Dy: CT Corporation System C T	
Assistant Secretary	
(Typed or Printed Name)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)