## F07000005707

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

Office Use Only



900113476079

SECRETARY OF STAFE

APPROVED AND FILED

RECEIVED

DEPARTHENT OF STATES

2008 FEB 14 AM 10: 38

2008 FEB 14 AM 10: 38

RA Change

G. Goulliette FFB 1 4 200%



ACCOUNT NO. :	072100000032			
REFERENCE :	443016 7621170			
AUTHORIZATION :	<i>( )   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</i>			
COST LIMIT :	\$ 35 Smellena			
ORDER DATE : February 13, 2008				
ORDER TIME : 10:06 AM				
ORDER NO. : 443016-050	•			
CUSTOMER NO: 7621170				
<u>CHANGE OF AGENT</u> .				
NAME: ACUITY SPECIALT INC.	TY PRODUCTS,			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY				
CONTACT PERSON: Harry B. Davis				
EXAM	MINER'S INITIALS:			

## 

statement of cha	unge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, to sized under the laws of the State of Georgi ered agent, or both, in the State of Florida.	
1. The name of	the corporation: ACUITY SPECIA	LTY PRODUCTS, INC.	
2. The principal	office address:		
	address (if different):		
4. Date of incorp	poration/qualification: 11/19/2007	Document number: F070000570	)7
	d street address of the current registered a rtment of State:	gent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		TAL SE
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	FEB 14 CRETAR
	Corporation Service Company	y	E O
	1201 Hays Street		ID: 5
	(P.O. Box NOT acceptable	)	ੁ <b>ਰ</b> ੁਜੋਂ ਪੰ
	Tallahassee, FL 32301	<u>.</u>	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its register	red agent,
Such change was authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an officer sotified in writing of the change.	0
May (Signati	ure of an officer or director)	Maureen Cullen, Attorney in Fa	.ct
I further agree of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the object in the filed merely to reflect a change in the sean notified in writing of this change tion Service Company	nd agree to act in this capacity. Lutes relative to the proper and complete pe ligation of my position as registered agent. Lie registered office address, I hereby confir. Lie.  02/12/2008	rformance Or, if this m that the
Si Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
Elizabeth A	. Dawson, Asst. Vice President	İ.	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

(Typed or Printed Name)