F∡x S⊊rver Division of Corporations



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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REGISTERED AGENT CHANGE CASTONE CORPORATION

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Corporate Filing Menu

EXAMINER

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

statement of char	ige is submitted for a corporation of	0502, 607.1508, or 617.1508, Florida Statutes, thi rganized under the laws of the State of <u>Alabama</u> egistered agent, or both. in the State of Florida.	<u> </u>	
1. The name of t	he corporation: CASTONE COR	PORATION		
	office address:			
_	olumbus Road, Opelika, AL 36			
3. The mailing a	ddress (if different):			
•	ce Box 747, Opelika, AL 36803			
		Document number: F08000000948		
	I street address of the current register tment of State:	red agent and registered office on file with the		
	C T Corporation System			
• .	1200 South Pine Island Road			
•	Plantation, FL 33324		S	10
6. The name and (if changed):	i street address of the new registered	l agent (if changed) and /or registered office	SECRETARY OF TALLAHASSEE.	SEP-
	Corporation Service Company		SSE SSE	Ň
	1201 Hays Street		<u> </u>	73
	(P.O. Box NOT acco	puble)	0 TS	~
	Tallahassee, FL 32301		DRID	7
The street addr	ess of its registered office and the s	street address of the business office of its register	ed agent,	
		lopted by its board of directors or by an officer so en notified in writing of the change.		
	faut	DAVID JAMES, JR. VICE PRESID	ENT	
I heroby accept I further agree of my duties, ar document is be corporation ha	ure of a officer or direction) the appointment as registered age to comply with the provisions of all all am familiar with and accept thing filed merely to reflect a change is been notified in writing of this chool Service Company	(Finited or typed rame and title) and and agree to act in this capacity, il statutes relative to the proper and complete per e obligation of my position as registered agent. in the registered office address, I hereby confirm ange.	formance Or, if this n that the	
By: S'	14.	8-10-2010		
	gnature of Registered Agent)	(Date)		
If signing on be	chalf of an entity;			
Sylvia Quepp	et, Asst VP Typed or Printed Name)			

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

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

CR2E045 (8/05)