

F08000003406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

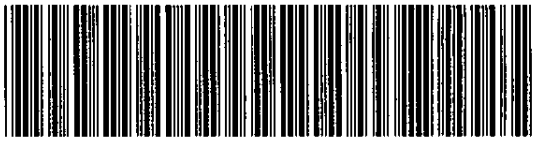
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2009

LYNETTE CLEVELAND  
L.P. SHANJKS COMPANY  
624 INDUSTRIAL BLVD.  
CROSSVILLE, TN 38555

SUBJECT: L.P. SHANKS COMPANY  
Ref. Number: F08000003406

We have received your document for L.P. SHANKS COMPANY, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 209A00034018

*Return to Lynette M.*

CHECKED	_____
RECEIVED	_____
ENTERED	11-3
CHECK #	45321
DATE PAID	11-3
AUDITED	_____
PAYEE NO.	FLDOS
ACCT.#	6968

*\$35.00*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: L.P. SHANKS COMPANY  
Name of Corporation

DOCUMENT NUMBER: F08000003406

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:

Lynette Cleveland  
Name of Contact Person

L.P. Shanks Company  
Firm/Company

624 Industrial Blvd  
Address

Crossville, TN 38555  
City/State and Zip Code

lmeaker@lpshanks.com  
E-mail address: (to be used for future annual report notification)

2009 OCT 14 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lynette Cleveland at ( 931 ) 484-5155 x 131  
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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Tennessee in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: L.P. SHANKS COMPANY
2. The principal office address: 624 INDUSTRIAL BLVD. CROSSVILLE TN 38555
3. The mailing address (if different): PO BOX 1068 CROSSVILLE TN 38557
4. Date of incorporation/qualification: 08/04/2008 Document number: F08000003406
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

USA-RA LLC  
841 PRUDENTIAL DR., 12 FLOOR  
JACKSONVILLE FL 32207 US

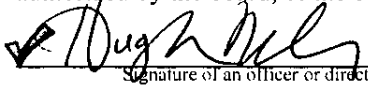
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Incorp Services, Inc.  
17888 67th Court North  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

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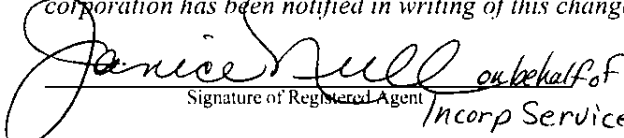
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 notified in writing of the change.

  
Signature of an officer or director

Hugh Nelson, Sact.  
Printed 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.

 on behalf of Incorp Services, Inc.  
Signature of Registered Agent

7/17/09  
Date

If signing on behalf of an entity:

Janice Null on behalf of Incorp Services, Inc.  
Typed or Printed Name

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