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IVISION OF CORPORATIONS
TALLAHASSFE, FLORIDA

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2011 NOV -4 PM 3-56

SECRETARY OF STATE

Det 11



ACCOUNT NO. : I2000000195

REFERENCE :

7565069

AUTHORIZATION (

COST LIMIT

ORDER DATE: November 3, 2011

ORDER TIME : 10:57 AM

ORDER NO. : 967290-013

CUSTOMER NO: 7565069

CHANGE OF AGENT

NAME: THULE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation organized under the laws of the State of Connecticut rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: THULE TOOLBOX, INC.
2. The principal	office address: 42 Silvermine Road, Seymour CT 06483
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 01/08/2009 Document number: F0900000142
	street address of the current registered agent and registered office on file with the tment of State:
	C T Corporation System
	C T Corporation System 1200 South Pine Island Road Plantation, FL 33324
	Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
(Signatur	e of apositicer or director) (Printed or typed name and title)
I hereby accept i I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this is giled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. In Service Company
(Sign	Sature of Register (Agent) (Date)
If signing on behalf of an entity:	
	t, Asst. Vice President
(Ty	ped or Printed Name)

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