(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
·	. ,	•	
PICK-UP	☐ WAIT	MAIL	
•			
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
		Or Citatus	
Special Instructions to Filing Officer:			
	r ming Officer.		

Office Use Only



300243737943

FEB 4 2013 T. ROBERTS



ACCOUNT NO. : I2000000195

REFERENCE : 516924 7918422

AUTHORIZATION

COST LIMIT

ORDER DATE: January 31, 2013

ORDER TIME : 3:44 PM

ORDER NO. : 516924-029

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: IVY STEEL & WIRE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

statement of cha	•	zed under the laws of the State of Delaware red agent, or both, in the State of Florida	
	he corporation: IVY STEEL & WIRE,		
2. The principal	office address: 375 Northridge Road,	Suite 500, Atlanta GA 30350	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/15/2009	Document number: F0900004996	
	street address of the current registered ag tment of State: (If resigned, enter resigned		
	CT Corporation System		
	1200 South Pine Island Road	<u>Ş</u> Ş. 3	
	Plantation FL 33324	E E T	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company	STATE SLORIDA	
	1201 Hays Street		
	Tallahassee, FL 32301	cceptable	
The street addre	ess of its registered office and the street as be identical.	ddress of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted le board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.	
are	1- Leves re of an officer or director	Deb Reeves, Vice President	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statut my duties, and I am familiar with and ac	tes relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I	
ву:	h (Illanna)	January 24, 2013	
_	nature of Registered Agent	Date	
	half of an entity:		
	t, Asst. Vice President yped 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 * * *