(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	, MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	•
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COVER LETTER

TO: Amendment Section **Division of Corporations**

MAHAFFEY TENT & AWNING CO., INC.

Name of Corporation

F10000004512

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:

Sandi Gau

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandi Gau

Name of Contact Person

88 705-7274
ca 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Tennessee or to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: MAHAFFEY TENT & AWNING CO., INC.		
2. The principal	office address: 4161 DELP ST S, TN 38118		
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: 10/13/2010 Document number: F10000004512		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	NORTHWEST REGISTERED AGENT LLC		
	3030 N. ROCKY POINT DRIVE, STE 150A		
	TAMPA, FL 33607	14 S	ŢALL ĀLL
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SEP -2	ALLAHASSEE, FLORIDA
	Registered Agent Solutions, Inc.	PH 12:	الا. النا النا
	155 Office Plaza Dr., Suite A	N	LORI
	P.O. Box NOT acceptable Tallahassee, FL 32301	ΩI	ΘA
The street address changed will	ess of its registered office and the street address of the business office of its registered age be identical.	nt.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.		
Lille	William J. Pretsch, President Printed or typed name and title	-	
I further agree performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.		
If signing on be	half of an entity: 08/200/2014 Date		
	ht, Asst. Secretary		
T.	s most at Printed Manna		

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