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To:

Division of Corporations

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Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

: (850)521-1000

Phone Fax Number

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REGISTERED AGENT CHANGE THE LITTLETON GROUP WESTERN DIVISION, INC.

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Corporate Filing Menu

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10/13/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

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

statement of change is submi	ttted for a corporation organ	12, 607.1508, or 617.1508, Florida Sta sized under the laws of the State of De ered agent, or both, in the State of Flor	aware		
		up Western Division, Inc.			
•		exas Hwy, Bidg 1, Ste 550			
Austin, TX 78746	8: 1200 -1 000 1001 01 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·		
	PO Box 16362	7 Austin, TX 78716-3627			
3. The maining address (if dir	referre). 1 . O. DOX 1000E	. 749111, 176 10 10 0021			
4. Date of incorporation/qual	ification: 08/01/2011	Document number: F1	10000031	095	***************************************
	ss of the current registered a te: (If resigned, enter resigne	gent and registered office on file with	the		
CT Corpo	oration System				
1200 Soc	ith Pine Island Road		P. 09		
Plantatio	n, FL 33324			医	
6. The name and street addre (if changed):	ss of the new registered ager	nt (if changed) and /or registered office	A SAUR	CT 13	THE STATE OF THE S
Corporat	ion Service Company		100 E	2	m
1201 Hay	ys Str eat		FI ORES	<u> </u>	Ö
	P.O. Bux NO	T acceptable	5 A	ijo Va	
Tallahass	see, FL 32301		***		
The street address of its reg as changed will be identical	istered office and the street	address of the business office of its	egistered a	agent,	
Such change was authorized authorized by the board, or	t by resolution duly adopted the corporation has been no	d by its board of directors or by an obtilied in writing of the change.	Ticer so		
Manufacture of amountainer of	r director.	STEVE A STREET ME Printed or typed pairs and line	AN.	PM	es/ceo
I hereby accept the appoints I further agree to comply we of my duties, and I am famile document is being filed mer corporation has been notific	ment as registered agent an tth the provisions of all state lar with and accept the obli ely to reflect a change in th ed in writing of this change.	d agree to act in this capacity, utes relative to the proper and comp ligation of my position as registered a e registered office address, I hereby	lete perform gent. Or, confirm the	mance if this at the	
Syria O		OCtober 13, 2011			
Signature of Registe	red Agent	Date	······		
If signing on behalf of an er	ntity:	,			
Sylvia Queppet, Ass					
Typed or Printed 1					
	* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314 CR2B045 (8/05)