## F13000005349

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TO ACKNOWLEDGE SUPPLICIENCY OF FILLING 2014 APR 24 PM 1: 58

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RAIROCHS
10 4/24/14



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 106097 7841691

AUTHORIZATION :

COST LIMIT : \$

ORDER DATE: April 24, 2014

ORDER TIME : 11:35 AM

ORDER NO. : 106097-025

CUSTOMER NO: 7841691

CHANGE OF AGENT

NAME: PAUL LEIBINGER INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

## **COVER LETTER**

Divisio	n of Corporations		
SUBJECT: PA	UL LEIBINGER INC.		, , ,
	Name of C	Corporation	•
DOCUMENT	F13000005349 NUMBER:		
The enclosed S	tatement of Change of Registered Offic	ce/Agent and fee are submitted for	filing.
Please return al	l correspondence concerning this matte	er to the following:	`
	Oliver Edwards		
, , ,	Name of Co	ntact Person	•
	Lawler Mahon & Rooney		
•	Firm/C	ompany	
	36 West 44th Street - Suite 1416		
	Add	ress	_
	New York, N.Y. 10036	· .	
: ,	City/State a	nd Zip Code	
	o.edwards.sr@lmrnylaw.com		
	E-mail address: (to be used for f	uture annual report notification)	
For further info	rmation concerning this matter, please	call:	
Oliver Edwards		212 584 2990 at (	
	Name of Contact Person	Area Code & Daytime Telep	hone Number
Enclosed is a \$3	35.00 check made payable to the Depar	tment of State.	
· .	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	

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

statement of c	hange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, rganized under the laws of the State of Delawar gistered agent, or both, in the State of Florida	е
1. The name o	f the corporation: Paul Leibinger Inc.		; ,
2. The princip	al office address: 2702-B Buell Drive WI 53120		
3. The mailing	address (if different):		:
4. Date of inco	orporation/qualification: 12/12/13	Document number: F13000005349	
5. The name a		ed agent and registered office on file with the	
	CT Corporation System		٠
	1200 South Plantation Road		4
	Plantation,	FL 33324	14 MPR 24
6. The name a (if changed)		agent (if changed) and /or registered office	25 DE 25
	1201 Hays Street		
	P.O Box 1 Tallahassee	NOT acceptable FL 32301	
The street add as changed wi	ress of its registered office and the stre ll be identical.	eet address of the business office of its register	ed agent,
Such change vauthorized by	vas authorized by resolution duly adop the board, or the corporation has been	sted by its board of directors or by an officer so notified in writing of the change.	)
Signa	fure of an officer or director	Oliver Edwards, Secretary Printed or typed name and title	· ·
I hereby accept I further agree performance of agent. Or, if t hereby confirm	of the appointment as registered agent	•	tered s, I
By: S	ghature of Registered Agent	4-24-54 Date	·
If signing on b	ehalf of an entity:  Sue G. Knight  Assistant Vice Preside	nt	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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