**WALK IN** 

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## CERTIFIED COPY\_ CUS (CORPORATE NAME & DOCUMENT #) SPECIAL INSTRUCTIONS\_

FULLA NUTABLE OF CORPORATION

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,	Florida Statutes, the
undersigned corporation organized under the laws of the State ofCALIFORNIZ	A
submits the following statement in order to change its registered office or registered	agent, or both, in the
State of Florida.	· ·
1. The name of the corporation is: WATERTITE PRODUCTS, INC.	
<u>-</u>	
2. The mailing address of the corporation is: C/O IPS CORPORATION, 17109	SOUTH MAIN STREET,
GARDENA, CA 90248	<u>-</u>
3. Date of incorporation/qualification: 5/28/93 Document number:	£93000002508
4. The name and address of the current registered agent and office:	<u>-</u> · .
NATIONSCORP REGISTERED AGENTS, INC.	<u>-</u>
526 E. PARK AVENUE	
TALLAHASSEE, FL 32301	
5. The name and address of the new registered agent and office: (P. O. Box Not Accept	otable) = ##
PARACORP INCORPORATED	= SSE 22
236 EAST 6TH AVENUE	글 프라 교 다
TALLAHASSEE, FL 32303	TATE 28
The street address of its registered office and the street address of the business offiagent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors of authorized by the board.	r by an officer so
RIA CLOS	2/98
(Signature of an officer, chairman or vice chairman of the board)	Date)
Robert L Cross Asit Secretary &CFO 11,	12/98
(Printed or typed name and title)	Date
Having been named as registered agent and to accept service of process for the accorporation, I hereby accept the appointment as registered agent and agree to acc. I further agree to comply with the provisions of all statutes relative to the proper of performance of my duties, and I am familiar with and accept the obligation of my	t in this capacity. and complete
registered agent.	1-0/8/98
(Signature of Registered Agent) (Dat DENISE ZOLINER, ASSISTANT SECRETARY If signing on behalf of an entity:	e) _ ` ` ` .: <del>!</del> 
(Typed or Printed Name) (Capacity	)

FILING FEE: \$35.00

CR2E045(4/95)