

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100 Fax Number : (941)745-2093





E.T. MACKENZIE COMPANY

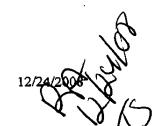
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Fax Audit # (((HO8000279389 3)))

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

statement of change is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of MiCHIGAN office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: E.T. MAC	CKENZIE COMPANY			
2. The principal office address:				
GRAND LEDGE, MI 48837				
3. The mailing address (if different): 4248 W. SAGINAW				
	GRAND LEDGE, Mt 48837			
4. Date of incorporation/qualification: 01	/04/1995 Document number: F95000000063			
5. The name and street address of the corre Florida Department of State:	ent registered agent and registered office on file with the			
DAVIS, HARVEY W.	(E.T. MACKENZIE OF FLORIDA, INC.)			
6212 33RD STRE	ET EAST	_	. ¥	
BRADENTON, FL	34203	-	. *	
<u> </u>	registered agent (if changed) and /or registered office	EC 24		
SCOTT M. HUBER	(E.T. MACKENZIE OF FLORIDA, INC.)	₽	(F)	
6212 33RD STRE	ET EAST	- -		
(P.O. B.	ox NOT acceptable)	ယ္		
BRADENTON, FL	34203	-	•	
	and the street address of the business office of its registered agent			
Such change was authorized by resolution authorized by the board, or the corporation	n duly adopted by its board of directors or by an officer so on has been notified in writing of the change.			
(Stimbure of an officer or different)	Endmas T. Mackenszic Pr. (Printed or typed pains and title)	.o.D.	a k	
I hereby accept the appointment as regin I further agree to comply with the provits of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing	tered agent and agree to act in this capacity, ions of all statutes relative to the proper and complete performant accept the obligation of my position as registered agent. Or, if th a change in the registered office address, I hereby confirm that th of this change.	e is e		
(Signature of Hogsherted Agent)	12/13/08			
If signing on behalf of an entity:	•			
E.T. MACKENZIE COMPANY (Typod or Printed Name)				
* *	* FILING FEE: \$35.00 * * *			
MAKE CHECKS PA MAIL TO: DIVISION OF COR	YABLE TO FLORIDA DEPARTMENT OF STATE PORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314			

CR2E045 (8/05)

Fax Audit # (((HO8000279389 3)))