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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## REGISTERED AGENT CHANGE SMI-OWEN STEEL COMPANY, INC.

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3/9/2012 EZ:ZI ZI0Z/60/E0 8656336092

## **COVER LETTER**

TO;

Amendment Section Division of Corporations

UBJECT:	DMI-O WEN STEEL COMPANI, INC.
	Name of Corporation
OCUMENT NU	ABER: F95000003793
he enclosed Statem	ent of Change of Registered Office/Agent and fee are submitted for filing.
	respondence concerning this matter to the following:
_	
	Name of Contact Person
_	Pirm/Company
	·
	Address
· -	City/State and Zip Code
	·
<del></del>	Deniel Pickelner@cmc.com -mail address: (to be used for future annual report notification)
<b>ن</b> و	-man address. (w de died for thrute aimidal report normandon)
	and a manufacture of the secretary of the second
r rurther miormatic	on concerning this matter, please call:
	of Contact Person at ( )  Area Code & Daytime Telephone N
	of Contact Person Area Code & Daytime Telephone N

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

CR2E045 (8/05)

PL006 - 87/23/2009 C T System Celline

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

	of the corporation: SMI-OW		ed agent, or both, in the State	e oj rioriaa.		
	of the corporation:  pal office address: 114 EAS					
3. The mailin	g address (if different): P.O.	BOX 1946, DAL	LAS, TX 75221			
4. Date of inc	orporation/qualification:	08/07/1995	Document number:	F95000003793		
	and street address of the cur partment of State: (If resign		nt and registered office on fi	le with the		
	CORPORATION SERV	ICE COMPANY	<u> </u>	_		
	1201 HAYS STREET					
	TALLAHASSEE, FL 323	301				
. 6. The name a (if changed)		registered agent (	if changed) and /or registere	12 MAR -9 PM		
	C T Corporation System			12 MAR - 9		
,	c/o C T Corporation Syste	m, 1200 South Pin	s Island Road	9 9		
	P.O. Box NOT acceptable					
	Plantation, Florida 33324			ట్ట		
The street add as changed wi	ress of its registered office Il be identical.	and the street ad	dress of the business office	of its registered agent,		
Such change v authorized by	vas authorized by resolution board, or the corporation	n duly adopted b on has been notifi	y its board of directors or by led in writing of the change	y an officer so		
Sho	ulialon	)	Sharlin Aldao, Vic			
-	THE OF BUILDER OF BUILDING		Printed or typed name:			
I hereby accept further agree of my duties, a document is be corporation ha	t the appointment as regis to comply with the provis nd I am familiar with and ting filed merely to reflect is been notified in writing	tered agent and a lons of all statute: accept the obliga a change in the re of this change.	gree to act in this capacity, s relative to the proper and tion of my position as regis egistered office address, I h	complete performance lered agent. Or, if this ereby confirm that the		
	Corporation System		3/2/2012			
	muture of Registered Agent		Date	,		
If signing on be	chalf of an entity:					
	Kristin Bolden					
7	Waststant Becretary	<del></del> -				
	**:	* FILING FEE:	\$35.00 * * *			
			)a Department of State Box 6327, Tallahasseb, I	TL 32314		
CR2E045 (\$/05)						

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