

Electronic Filing Cover Sheet

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(((H090002363523)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195

Phone : (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

SPIRTAS COMPANY

2009 NOV -6 AH 8:00	MHASSEE. FLORIDA
2003	7

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Missouri gistered agent, or both, in the State of Florida.			
1. The name of the corporation: SPIRTAS COMPANY					
2. The principa					
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: 10/26/1995	Document number: F95000005251			
5. The name an		ed agent and registered office on file with the			
	C T Corporation System	TAL))		
	1200 South Pine Island Road	L C R	į .		
	Plantation, FL 33324	TAR	5		
6. The name an (if changed):		agent (if changed) and /or registered office	-6 PM 3: 2		
	Corporation Service Company	DAI:	23		
,	1201 Hays Street	<u> </u>	-		
•	(P.O. Box NOT accept	able)			
	Tallahassee, FL 32301				
The street addras changed wil	ress of its registered office and the str Il be identical.	eet address of the business office of its registered agent	ī ,		
Such change wanthorized by	vas authorized by resolution duly adopthe board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.			
Lace	rentull	Maureen Cullen, Attorney in Fact			
I lereby accep I further agree of my duties, a document is be corporation ha	nuite of an officer or director) It the appointment as registered agent to comply with the provisions of all s und I am familiar with and accept the sing filed merely to reflect a change ir as been notified in writing of this chan	(Printed or typed basic and little) t and agree to act in this capacity statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if thi n the registered office address, I hereby confirm that the	ie Is e		
Corporatio By:	n Scrvice Company	October 26, 2009			
- years	ignature of Registered Agent)	(Date)			
If signing on b	ehalf of an entity:				
	awson, Asst. Vice President (Typed or Printed Name)				
	, , ,	FEE: \$35.00 * * *			

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