

ACCOUNT NO.

072100000032

REFERENCE

967392

5038705 🖥

AUTHORIZATION

COST LIMIT

ORDER DATE : January 17, 2001

ORDER TIME: 10:43 AM

ORDER NO. : 967392-005

CUSTOMER NO: 5038705

CUSTOMER: Mr. Ted. Piotrowski

Allstate Power Vac, Inc. 928 E. Hazelwood Avenue

Rahway, NJ 07065

000003553610--1

CHANGE OF AGENT

NAME: ALLSTATE POWER VAC, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

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 of New York
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: <u>Allstate Power Vac, Inc.</u>
2. The mailing address of the corporation is: 2515_Brunswick Avenue
Linden, NJ 07036
3. Date of incorporation/qualification: 9/8/96 Document number: F9600000169
4. The name and address of the current registered agent and office:
Lenore Galasso
424 Eagleton Cove Way
Palm Beach Gardens, FL 33418
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable).
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. 1/16/01
(Signature of an officer, com/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Paul Galasso Secretary/Treasurer
(Printed or typed name and title)
Ilaving been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
By: Alexabert B. Kenieczny 1/17/01
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: Elizabeth R. Konieczny Ust. VP
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *