

F96000003358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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RA
Change

07/12/11--01010--008 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADR
7/13/11



Right People. Right Size. Right Services. Results.

537 East Pete Rose Way
Suite 400
Cincinnati, OH 45202-3578
ph 513 852.8200
fax 513 852 8222
Sheri F. Gooden
sfg@corsbassett.com
direct dial 513-924-3363

July 8, 2011

Amendment Section
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

RE: Statement of Change of Registered Agent
Featherlite, Inc.

Dear Sir or Madam:

Enclosed for filing with your office is a Statement of Change of Registered Agent for Featherlite, Inc. Also enclosed is our firm check in the amount of \$35 in payment of the necessary fees.

Please return a file-stamped copy of the filing to our office in the enclosed, self-addressed, stamped envelope.

Thank you for your assistance. Should you have any questions concerning the enclosed filing, please feel free to call our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheri Gooden". The signature is fluid and cursive.

Sheri F. Gooden
Legal Assistant

Enclosures

456030.1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FEATHERLITE, INC.
Name of Corporation

DOCUMENT NUMBER: F96000003358

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheri Gooden
Name of Contact Person

Cors & Bassett, LLC
Firm/Company

537 E. Pete Rose Way, Suite 400
Address

Cincinnati, OH 45202
City/State and Zip Code

sfg@corsbassett.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheri Gooden at (513) 924-3363
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**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, this statement of change is submitted for a corporation organized under the laws of the State of Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Featherlite, Inc.
2. The principal office address: Highway 63 & 9, Cresco, IA 52136
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/96 Document number: F96000003358
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James Wooley

1601 Dolgner Pl.

Sanford FL 32771

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System

1200 S. Pine Island Road

P.O. Box NOT acceptable

Plantation FL 33324

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, or the corporation has been notified in writing of the change.


Signature of an officer or director

Matthew Rohwer, CFO
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 Diane Stout, Asst. Secretary
Signature of Registered Agent

7-5-2011
Date

If signing on behalf of an entity:

CT Corporation System
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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