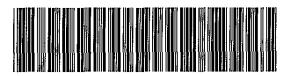
## F96000004120

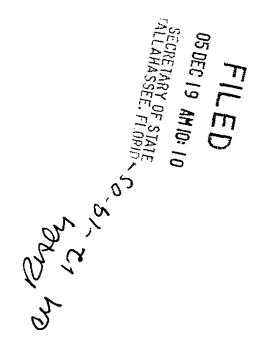
(Re	questor's Name)			
(Ád	dress)			
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PICK-UP	₩AIT	MAIL		
(Bu	siness Entity Nar	ne)		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	BJECT: PermaTherm, Inc.			
	(Name of corp	oration)		
DOC	CUMENT NUMBER: F96000004120		<del></del> -	
The er	enclosed Statement of Change of Registered Office/Agen	t and fee are su	bmitted for filing.	
Please	se return all correspondence concerning this matter to the	following:		
	Juanita Mahoney			
	(Name of per	rson)		
	National Registered Ager			
	(Name of firm/co	ompany)		
	P.O. Box 927			
	(Address	5)		
	West Windor, NJ 08550		-	
	(City/state and z	ip code)		<del></del>
For fu	further information concerning this matter, please call:			
Juan	anita Mahoney	at ( 800	767-1553	
	(Name of person)	(Area	767-1553 code & daytime telephone	number)
Enclos	losed is a \$35.00 check made payable to the Department o	f State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div 409	eet Address: endment Section ision of Corporations E. Gaines Street ahassee, FL 32399	

TO:

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

	provisions ôf sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this stat		·
_	tted for a corporation organized under the laws of the State of Georgia		_ in o	rder
to change its reg	istered office or registered agent, or both, in the State of Florida.			
1. The name of t	he corporation: PermaTherm, Inc.			
2. The principal	office address: 269 Industrial Park Rd	,		
Monticello,	GA 31064			
3. The mailing a	ddress (if different): 1000 Abernathy Rd NE, Ste 1100			
Atlanta, GA	30328			
4. Date of incorp	poration/qualification: 2/11/1987 Document number: F96000004120			
	street address of the current registered agent and registered office on file with the tment of State:			
	CT Corporation System	·		
	1200 South Pine Island Rd	The same	_	
	Di		05 D	
	Plantation, FL 33324	Æ.	<b>同</b> "	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	TARY O	19 AH	F
	NRAI Services, Inc.	15.4 LS.4	<u>.</u>	
	2731 Executive Park Drive, Suite 4		0	
	(P.O. Box or personal mailbox NOT acceptable)	<del></del>		
	Weston, FL 33331			
The street addre	ess of its registered office and the street address of the business office of its regist identical.	ered age	nt, as	
Such change wa the board, or the	as authorized by resolution duly adopted by its board of directors or by an officer corporation has been notified in writing of the change.	so autho	orized	by
ON	Rita M Mantel, CFO			
•	ignature of an officer of director) (Printed or typed name and	-		
I hereby accept I further agree t duties, and I am being filed mere been have	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, sely to reflect a change in the registered office address, I hereby confirm that the conviring of this change.	erforma if this do orporati	nce of ocumer ion ha	my nt is s
NRAI Services	sinta Malancy (Signature of Rogistered Agent) (Date)	<u>~</u>		
If signing on he	half of an entity:			
NRAIS	(Typed or Printed Name)  Ass't Server (Capacity)	tar	}	

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