F96000004597

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



300043790923



DIVISION OF CORPORATIONS
2005 JAN - 7 AM 8: 28

01/10/05--01005--002 **35.00

RA Chg.



FILING REQUEST

January 3, 2005

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

TYTEK EQUIPMENT CO., INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #17869 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

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

	=	2, 607.1508, or 617.1508, Florida Statutes,	-
_	itted for a corporation organized under th gistered office or registered agent, or both		in order
1. The name of	the corporation: Tytek Equipment Co.,	Inc.	
2. The principal	office address: 4164 Moffett Road, Mol	oile, AL 36618	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification; 09/09/1996	Document number: F96000004597	
	I street address of the current registered age trment of State:	ent and registered office on file with the	
	CT Corporation System		•
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered office	-
	NRAI Services, Inc.		_
	526 E. Park Avenue		
	(P.O. Box or personal m	ailbox NOT acceptable)	
The street addre changed will be	ss of its registered office and the street a identical.	ddress of the business office of its register	red agent, as
Such change wa the board or the	s authorized by resolution duly adopted corporation has been notified in writing	by its board of directors or by an officer s s of the change.	o authorized by
16/6	Benk	Kerry Beard, President	
_	(guature of an officer or director)	(Printed or typed name and to	-
been notified in	writing of this change.	agree to act in this capacity, tes relative to the proper and complete pe of my position as registered agent. Or, if ffice address, I hereby confirm that the co	rformance of my this document is rporation has
NRAI Services, by:	in Machman	1-3-05	
on bel	nalf of an entity:	(Leac)	
Sue Brodtmanı	1	Asst. Secretary	
	(Typed or Printed Name)	(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

OINTS JAN - 7 AM 8: 2'