F98000001878

(Requestor's Name)

COYNE TEXTILE SERVICES

P.O. BOX 4854 • 140 CORTLAND AVE. • SYRACUSE, NY 13221

COYNE INTERNATIONAL
ENTERPRISES CORP

(City/State/Zip/Phone #)

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 26, 2004

COYNE TEXTILE SERVICES RAYMOND T. RYAN PO BOX 4854 SYRACUSE, NY 13221

SUBJECT: COYNE INTERNATIONAL ENTERPRISES CORP.

Ref. Number: F98000001878

We have received your document for COYNE INTERNATIONAL ENTERPRISES CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN THIS FORM, THE REGISTERED AGENT CHANGES. CT CORPORATION SYSTEM RESIGNED AS REGISTERED AGENT ON 4/16/04. IF THEY AGREED TO BE AGENT AGAIN, A REPRESENTATIVE OFFICER FROM CT CORPORATION SYSTEM MUST SIGN WITH THE STATEMENT OF ACCEPTANCE.

REGISTERED AGENT MUST BE DESIGNATED WITHIN 60 DAYS AFTER RESIGNATION OR THE CORPORATION'S STATUS WILL BE REVOKED.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist

Letter Number: 804A00036784

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	IECT: Coyne International Enterprises Corp
	(Name of corporation)
DOC	UMENT NUMBER:
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
\mathcal{A}	lexander Pobedinsky (Name of person)
Coy	ne International Enterprises, Corp (Name of firm/company)
	(Address)
	(City/state and zip code)
For fu	rther information concerning this matter, please call:
Ale	(Name of person) at (3/5) 475-/626 (Area code & daytime telephone number)
Enclos	sed is a \$35.00 check made payable to the Department of State.
Amen Division P.O. B	ng Address: dment Section on of Corporations ox 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the p	rovisions of sections 607.0	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of c	hange is submitted for a co	rporation organized under the laws of the State of
New York	in order to change its	registered office or registered agent, or both, in the State
of Florida.	_	
•	corporation: Coyne Interna	itional Enterprises Corp.
	.160 0	Hand Aus Suracuso MY
2. The principal of	mice address: 1 10 Col	12707
		758108
3. The mailing add	dress (if different): P.O	Pox 4854 Dyracuse MY
,	,	13221
, — — — — — — — — — — — — — — — — — — —		1.1
4. Date of incorpo	ration/qualification: 190	<u>e</u> Document number: <u>F 900000 /8 /8</u>
		<u>.</u>
		registered agent and registered office on file with the
Florida Departn	AT 8	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	CI Corpuse	ation System ====================================
	1200 Sout	th Pine Island Road SE N
	Plantation	FL 33324 FIG 3
	• •	
changed):	street address of the new	registered agent (if changed) and /or registered office (if
changed).	CT	Corporation System
		T Corporation System arsonal mailbox NOT acceptable)
	•	and Road, Plantation, Florida 33324
agent, as changed	will be identical.	d the street address of the business office of its registered
Such change was	authorized by resolution d	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
authorized by the	woald, of the corporation i	Alara la Piri la Caralita
	rairman or vice chairman of the board)	(Printed or typed name and title) Comp. Secretar
I hereby accept th	e appointment as registere	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete s with and accept the obligation of my position as
I further agree to performance of m	comply with the provisions v duties, and I am familiar	s of all statutes relative to the proper and complete with and accept the obligation of my position as
registered agent.	Or, if this document is bei	with and accept the obligation of my position as inglessing filed merely to reflect a change in the registered poration has been notified in writing of this change.
$\int \int $	orpolation System	portugon has been notified in writing of this change.
By: Jut	7	6-8-04
	ature of Registered Agent)	(Date)
If signing on behalf o	of an entity:	•
	Curt Kreisel	Assistant Secretary
(Тур	ed or Printed Name)	(Capacity)

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

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