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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

MILLBROOK DISTRIBUTION SERVICES INC.

Certificate of Status Û Certified Copy Page Count 02 Estimated Charge \$35.00

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https://efile.sunbiz.org/scripts/efilcovr.exe

3/2/2009 TB

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

statement of chi	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta lange is submitted for a corporation organized under the laws of the State of <u>De</u> fer to change its registered office or registered agent, or both, in the State of Flo	laware
	the corporation. Millbrook Distribution Services Inc.	
2. The principal	al office address: 401 Hwy 43 E, & Contonwood Rund, Harrison, AR 72602	
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 6/1/1999 Document number: F99000002	193
	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	the
	Corporation Service Company	•
	1201 Hays Street	~
	Tallahassee, FL 32301-2525	TALL TALL
6. The name and (if changed);	d street address of the new registered agent (if changed) and /or registered office	AHASS
	C T Corporation System	EF G
	c/o C T Corporation System, 1200 South Pine Island Road	FLOST
	(P.O. Box NOT soccouble)	经当
	Plantation, Florida 33324	Q (')
	ress of its registered office and the street address of the business office of its reliable identical.	
authorized by th	as sufficiency the corporation has been notified in writing of the change.	
Chelle !	Cheryl Pinsley, Vice Pres	
I hereby accept I further agree to of my duties, an document is bet corporation has	t 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 completed amendiar with and accept the obligation of my position as registered a ling filed merely to reflect a change in the registered office address. I hereby to been notified in writing of this change. C. T. Copposition System	
Ву	2/20/2009	
	(gimon of Roginson Regent) (Date)	
If signing on be	chalf of an entity: Taminy 10116100	
aning	Type by President	
<u></u>	* * * FILING FEE: \$35.00 * * *	

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

FLOOR - INCOMING CT System Online

CR2E045 (8/05)