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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone

: (850)222-1173

Pax Number

: (850)224-1640

C638-36250

REGISTERED AGENT CHANGE

A & M SUPPLY CORPORATION

Certificate of Status	0
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Corporate Filing

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3/25/2005 3:53:34 PM

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

statement of c	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes thange is submitted for a corporation organized under the laws of the State of $\frac{Virginia}{Virginia}$ der to change its registered office or registered agent, or both, in the State of Florida.	3	
	of the corporation: A&M Supply Corporation		
2. The princip	pal office address: 4227 Whiting Road, Marshall, VA 20115		
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 8-30-1999 Document number: F99000004499		
	and street address of the current registered agent and registered office on file with the partment of State:	IALLAHASSEE. F	S #8
	C T Corporation System	A	
	1200 South Pine Island Road	ASS	25
	Plantation, FL 33324	M.	3
6. The name a (if changed)	and street address of the new registered agent (if changed) and /or registered office):	FLORU	9: 23
	National Corporation Research, Ltd., Inc.	Ā	•
	103 N. Meridian Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street add	lress of its registered office and the street address of the business office of its regist ill be identical.	tered agent,	
	was authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.		
50	Kenneth C. Harris, President and Direction Prince or Nove name and pure	stor	
(Sign			
I hereby acce; I further agre of my duties, a document is b corporation h	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete p and I am familiar with and accept the obligation of my position as registered agen lesing filed merely to reflect a change in the registered office address. I hereby conf las been notified in writing of this change.	performance t. Or, if this irm that the	
Ra	Signature of Registered Agents (Date)	_	
,	Rose Márie Cole, Asst. Sec. behalf of an entity:		
	(Typed or Printed Namo)		

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

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

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