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COVER LETTER

Division of Corporations Florida Seal & Rubber LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Pamela Farinas Name of Person Florida Seal & Rubber LLC Firm/Company 10350 Fisher Ave. Tampa, FL 33619 City/State and Zip Code pfarinas@flaseal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pamela Farinas Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

TO:

Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608,416 or 608,508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Florida Seal & R	lubber LLC			
2. (a) Principal office address of limited liability com (<i>Note: MUST BE STREET ADDRESS</i>)	10350 Fisher Ave. Tampa, FL 33619			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10350 Fisher Ave. Tampa, FL 33619	<u> </u>		
02/11/2004	L04000011276	13 D		
3. Date of filing/registration in Florida	4. Document number	HASA EE		
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida	Dept. of State:		
Registered Agent:	Kennedy, R. Michael	<u> </u>		
Registered Office Address:	444 Seabreeze Boulevard	# 03 # 03		
NEW Registered Agent: NEW Registered Office Address: (MUST RE EL ORIDA STREET ADDRESS)	10350 Fisher Ave.	Michael Nichols 10350 Fisher Ave.		
(MUST BE FLORIDA STREET ADDRESS)				
	Tampa	,FL_33619		
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability compa	the Florida street address of the identical. Or, in the case of a ge(s) was/were authorized by the provided in the articles	e registered office Florida limited		
Michael Nichols Printed or typed name of signee				
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of manager 608, F.A. Or, if this document is being filed to address, I hereby confirm that the limited liability con	ind agree to act in this capaci he proper and complete perfor hy position as registered agen to merely reflect a change in th hpany has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent