

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

CORRIDOR MATERIALS LLC

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge

D. BRUCE

JAN 1 4 2009

EXAMINER

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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: Corridor Materials LIC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: Die Spertante Lond Road
	Littleton MA DIMED
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Die Spectore And Road
February 10, 2004 3. Date of filing/registration in Florida	<u> 1.0900089357</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	corporation service Company
Registered Office Address:	POI Hays Street
,	Tollahassec. F1 32301-2525
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation ,FL 33324 FR
If the limited liability company is not organized under the laws of the State of Florida, it is hereby contained that after the change or changes are made, the Florida street address of the registered office and the burness office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized regresentative of a member)	
Printed or typed name of signes) (Printed or typed name of signes)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apmany has been notified in writing of this change. By:	
(Signature of Registered Agent)	DERTELETT
Division of Corporations, P.O. Box 5227, April 182314	

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