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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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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.

agent, or both, in the bia	b .		
1. The name of the limit	ed liability company	is: North Florida Trim & Hard	di-Board, LLC
		y company is : 175 SW Meadow	
		Lake City, FI 32024	
05/31/2005		L5000053445	
3. Date of filing/registrate	tion in Florida	4. Document nu	mber
5. The name of the regist Florida Department of	State:	egistered office address as shown	on the records of the
	Adam Papka		_
	175 SW Meadov		
	Lake City, Fl 32	Address 2024 ity, State and Zip	- -
6. The name and address		•	
	Brian Papka		
	175 SW Meadov	•	
	Florida street add	ZE TAL	
	Lake City	_{FL} 32024	T JUN 2005 JUN SECRETA ALLAHA
	Cit	y, State and Zip	UN 2
confirmed that after the c and the business office of liability company, it is he	change or changes and the registered agent creby confirmed that and liability company	ted under the laws of the State of the made, the Florida street address the will be identical. Or, in the case the change(s) was/were authorized or as otherwise provided in the atty company.	Flored it is hereby of the registered office of a Florida limited of the florida limited li
(Signature of a member of autho	rized representative of a me	ember)	
	rized representative of a ric	chocky	
Darrell J Nickelson	_		
(Printed or typed name of signee	·		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirn	pintment as registere ns of all statutes rela ad accept the obligat this document is bei that the limited liab	d agent and agree to act in this co ative to the proper and complete p tions of my position as registered ng filed to merely reflect a chang bility company has been notified i	apacity. I further agree to verformance of my duties, agent as provided for in e in the registered office in writing of this change.
(Signature of Registered Agent)	· · · · · · · · · · · · · · · · · · ·		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH\$18(10/99)

FILING FEE: \$25.00