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JUN - 8 2009

EXAMINER



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06/05/09--01018--001 **25.00

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SECRETARY OF THE DIVISION OF THE CONTROL ALIGN

COVER LETTER

Division of Corporations		
SUBJECT:		
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:		
Matthew Wilber Name of Person		
Industry Fabricators, LC		
746 N. Enterprise Point		
Locanto Re 34461 Chty/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Lisa Wilber at (352) 527-0012		
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		

INHS18 (5/08)

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:	stry Fabricators, LLC	
2 (a) Principal office address of limited liability compan	y:	
(Note: MUST BE STREET ADDRESS)	746 N. Enterprise toin Lecanto, FL 34461	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	746 N. Enterpise Point Econto, Fr 34461	
3 10 09 3. Date of filing/registration in Florida	L09000023172 4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Eldnedge R Dessons III	
Registered Office Address:	4630 S. Kierman Pd	
·	ORIGINAL PL 32811	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	
NEW Registered Agent:	Matthew Wilber	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	746 N. Enterpise Point	
	Lecanto FL34461	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered effice and the business 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 limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Not bulled	5	
Signature of a member or authorized representative of a member		
Printed or typed name of signee	_ "	
I hereby accept the appointment as registered agent and comply with the provisions of all statues relative to the plant I am familiar with and accept the obligations of my plant Chapter 608, F.S. Or, if this document is being filed to address. I hereby compar that the limited liability compar	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in	

Signature of Registered Agent

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

FILING FEE: \$25.00