L9600000591

(Ře	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	;#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



800028007978

02/06/04--01076--004 **25.00

SECHE SAFE OF SAFE
SECHE SAFE OF SAFE
SECHE SAFE OF SAFE

196-591 Qe

VALDINI & PALMER, P.A.

DAVID J. VALDINI ANTHONY E. PALMER SHARON FRANZUS-KÜNG LISA A. ROBINSON LEILA M. LUGO CINDY L. OLEA LEONARD W. KLINGEN 5353 North Federal Highway Sutte 303 Fort Lauderdale, Florida 33308 TELEPHONE (954) 776-8115 FACSIMILE (954) 776-8298

Of Counsel: KELLY HENDERSON

February 4, 2004

Division of Corporations Amendment Section P.O. Box 6327 Tallahassee Florida 32314

Re: Change of Registered Agent for Allsteel Processing, L.C.

Dear Sir or Madam:

Enclosed please find a fully executed Statement of Change of Registered Agent for the above referenced Limited Liability Company, along with the firm's check in the amount of Twenty Five Dollars and 00/100 (\$25.00).

Should you need anything further to facilitate this request, please confact me immediately.

Very truly yours,

VALDINI & PALMER, F

LISA A. ROBINSON

For the Firm

LAR: rmg

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.

ugeni, or boin, in the	state of Nortaa.				
1. The name of the lin	nited liability company is:	ALLSTEEL PROCESSING, L.	c		
2. The mailing address	s of the limited liability com	pany is: 1250 N.W.23RD AVE	ENUE	,	
	LE FLORIDA 33311			-	
MAY 28 1996	· · · · · · · · · · · · · · · · · · ·	L96000000591		·	•
3. Date of filing/registration in Florida		4. Document number	·		
5. The name of the reg Florida Department	ristered agent and the register of State:	ed office address as shown on the	e records of th	ae	
•		ą. Valdini, Palmer & Hale			
	5353 North Federal H	lame lighway, Suite 303	î	<i>'</i>	
	Fort Lauderdale Florid		NATION OF THE PARTY OF THE PART	04 FEB - 5	
	City, St	ate and Zip	ASS.	j.	_
6. The name and addre	ess of the new registered ager	it and/or office:	H _C	-	
	Anthony Palmer Esq.	Valdini & Palmer, P.A.	FLOSI OSI	M 9: 5	_
	5353 North Federal H	me ighway Suite 303		្តិ	
	Florida street address (I	P.O. Box NOT acceptable)	<u> </u>		
	Fort Lauderdale	FL 33308			
	City, Stat	e and Zip		•	
If the limited liability confirmed that after the and the business office liability company, it is the members of the limite operating appreciate.	company is not organized und e change or changes are mad e of the registered agent will be hereby confirmed that the charted liability company or as int of the limited liability com	der the laws of the State of Floride, the Florida street address of the ce identical. Or, in the case of a lange(s) was/were authorized by otherwise provided in the articles pany.	la, it is hereby e registered of Florida limite an affirmative s of organizati	ffice d vote of ion or	• · _
(Signature of a member or at	thorized representative of a member)	 . _ .	ŀ	1.	_
ANTHONY E. PALI					
(Printed or typed name of sig	· · · · ·		ŧ		
		nt and agree to act in this capacit to the proper and complete perfor if my position as registered agent of to merely reflect a change in the company has been notified in wri	y. I further a mance of my o as provided j he registered of ting of this ch	gree to duties, for in office ange,	
(Signature of Registered Age	nt)	- "	•		

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

INHS18(10/99)

FILING FEE: \$25.00