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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer	`
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Office Use Only



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S. HAWKES

SEP 0 2 2010

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT:	Supermag, LC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Tracy K	
Name of Perso	on .
Supermag Firm/Company	
4100 Glades Cu Address	ut-Off Rd.
Fort Pierce, Fl	
tracy.kay@diam E-mail address: (to be used for future	ond-r.com annual report notification)
For further information concernir	ng this matter, please call:
Mike Hudson	at ( 772 ) 464-9300
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for t	he 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.

Name of the limited liability company:	Supermag, LC	
2. (a) Principal office address of limited liability company	y;	
(Note: MUST BE STREET ADDRESS)	8560 Fort Green Road Bradley, FL 33835	<u> </u>
(b) Mailing address of limited liability company:		3 6
(Note: MAY BE POST OFFICE BOX)	4100 Glades Cut-Off Road Fort Pierce, FL 34981	A 12 19
11/07/1997	L9700001246	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Mike Mikles	
Registered Office Address:	4100 Glades Cut-Off Rd. Fort Pierce, FL 34981	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address:  Mike Hudson	
NEW Registered Office Address:	4100 Glades Cut-Off Rd.	
(MUST BE FLORIDA STREET ADDRESS)	Fort Pierce ,FL3498	1
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating of reement of the limited liability company	laws of the State of Florida, it is hereby Florida street address of the registered off itical. Or, in the case of a Florida limited by was/were authorized by an affirmative rwise provided in the articles of organizary.	ice vote tion
Wayne Carlton, as President Pioneer Ag-Chem Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further ag coper and complete performance of my di osition as registered agent as provided fo erely reflect a change in the registered of ny has been notified in writing of this cha	ree to uties, r in fice nge.
Signatura of Registered Agent		

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