

August 8, 2002

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

Keith Eickert Power Products, LLC M01000001677

Dear Sir or Madam:

Enclosed please find an original and one copy of the Statement of Change of Registered Agent on behalf of the above-referenced limited liability company. Also enclosed is our check no. 76667 dated 8/06/02 in the sum of \$25.00 in payment of the filing fee.

Please return a filed stamped copy of the Statement of Change of Registered Agent in the self-addressed, postage paid envelope provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

000007054590--C -08/12/02--01060--024 \*\*\*\*\*25.00 \*\*\*\*\*25.00

Jean A. Ward Legal Assistant

JW

Enclosures (3)

cc: Michael E. Kernan, Esq. (w/ encs.)

SECRETARY OF STATE
SECRETARY OF STATE
OF CORPORATION
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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. The name of the limite	d liability company is	: Keith Eich	ert Power Pro	ducts, LLC		
2. The mailing address of	the limited liability	company is: _1	.1 Industry Dr	ive, Palm Co	oast,	•
Florida 32137					-	
July 26, 2001			M01000001677			
3. Date of filing/registration	4. Document number					
5. The name of the register Florida Department of		istered office a	ddress as shown o	on the records	of the	! 
_	John C. Bower					
	• • •	Name			-	
	11 I	ndustry Driv				
Address						
	Palm Coast, Florida 32137  City, State and Zip				02 A	SIAID
6. The name and address	of the new registered	agent and/or of	fice:		02 AUG 12	ON OF
Juliana L. Sullivan						S7.
Name					3	중유드
11 Industry Drive					က်	RA RA
	Florida street addre	ess (P.O. Box N	OT acceptable)		0	TIONS
	Palm Coast	_ FL	32137			
	City,	State and Zip		·		
If the limited liability com	many is not organized	I under the law	s of the State of F	Florida, it is he	ereby	

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 office 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.

(Signature of a member or authorized representative of a member)

Juliana L. Sullivan, member
(Printed or typed name of signee)

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

INHS18(10/99) FILING FEE: \$25.00