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CECRETARY OF STATE TALLAHASSEE, FLORIDA



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11/05/02--01092--017 **25.00

(City/State/Zip/Phone # PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies_ Certificates of Status Special Instructions to Filing Officer:

Office Use Only

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 understand limited; libility 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 State of Florida.	SECRETARY OF
1. The name of the limited liability company is:	MODULAR SOLID SURFACES LLCALLAHASSEE, F
2. The mailing address of the limited liability con	mpany is: 100 SOUTH THIRD STREET
COLUMBUS OH 43215	
12/28/2001	M01000002918
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State: BONNETTE, SCOT	ered office address as shown on the records of the
5500 VILLAGE BLV	Name 'D., SUITE 200
WEST PALM BEAC	Address CH FL 33407 State and Zip
6. The name and address of the new registered ag	ent and/or office:
DEBORAH L. KRINER	
5500 VILLAGE BLVD., STE. 200	
Florida street address	(P.O. Box NOT acceptable)
WEST PALM BEACH FL 33407	
City, St	ate and Zip
If the limited liability company is not organized u confirmed that after the change or changes are ma and the business office of the registered agent wil liability company, it is hereby confirmed that the the members of the limited liability company or a the operating agreement of the limited liability company.	nder the laws of the State of Florida, it is hereby ide, the Florida street address of the registered office l be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of s otherwise provided in the articles of organization or mpany.
Signature of a member or authorized representative of a member	<u> </u>
James A. Rutledge, Authorized Representat	
(Printed or typed name of signee)	
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)