## M0200001119

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TICE 57 STATE STAT

TO ALKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE DIVISION OF GERPORATION OF GERPORATION



CONTACT PERSON: Sara Lea

N SERVICE COMPANY							
	ACCOUNT NO.	:	072100000	032	0		
	REFERENCE	:	353113	5034134	ASC. O		p.
	AUTHORIZATION	<i>:</i>	Levello 8	Pores	PAC	120 N	1
	COST LIMIT	:	\$ (25 00			1. Ch. 2. 24. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	0
ORDER DATE :	September 5, 200	<b>-</b>				AS S	>
ORDER TIME :	10:03 AM					Y	
ORDER NO. :	353113-050		-				
CUSTOMER NO:	5034134						
			<del></del>				
NAME:	<u>CHANGE OF A</u> GE SUPPLY LOG			<b>- - -</b> -			

EXAMINER'S INITIALS:

## 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	GE SUPPLY I	OGISTICS, LLC	
2. The mailing address of				ctady, NY 12301-2216
2. The manning address of	i are minico natinty e	ompany is		
			<u>رہ میں ہے۔ یہ میدوری ہو</u>	
May 2, 2002	-		M02000001119	
3. Date of filing/registrat	ion in Florida	4	Document numb	er
5. The name of the register Florida Department of		istered office a	ddress as shown on	the records of the
	CTC	Corporation System	<u> </u>	· ·
		Name		<u>-</u>
	1200 Sc	outh Pine Island Re	oad	
		Address		O6 SE(
		itation, FL 33324		SEP 28 CRETAR'
	City	, State and Zip		P 2
6. The name and address	of the new registered	agent and/or of	fice:	
	Corporat	ion Service Comp	any	PH IZ:
	120	Name		2: 57 S [A]
	Florida street addre		OT acceptable)	DE A
	Tallahassee	TTT.	32301	
		State and Zip	32301	<del></del>
	•	•		
If the limited liability corrections confirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or changes are to the registered agent wereby confirmed that the nited liability companity of the limited liability companity of the limited liability.	made, the Flori will be identical he change(s) way or as otherwi ity company.	da street address of l. Or, in the case of as/were authorized	f the registered office f a Florida limited by an affirmative vote
(Littined of thicd transfer of signee		re-fary		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered in sof all statutes relation of all statutes relation in accept the obligation that the limited liabile.	agent and agre ve to the prope vs of my positi g filed to merel lity company hi	re to act in this cap or and complete per on as registered ag or reflect a change i as been notified in	acity. I further agree to formance of my duties, yent as provided for in n the registered office writing of this change.

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

(Signature of Registered Agent) Michelle R. Vannoy, Asst. V.I for Corporation Service Company