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Office Use Only



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TALLAHASSEE, FLORIO

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RECEIVED

DIVISION OF CORPORATIONS



ON SERVICE COMPANY"
ACCOUNT NO. : 072100000032
REFERENCE : 830880 7576670
AUTHORIZATION: Smellele man PS = 1
COST LIMIT : 25.00
ORDER DATE: April 1, 2007 ORDER TIME: 10:25 AM
ORDER TIME: 10:25 AM
ORDER NO. : 830880-380
CUSTOMER NO: 7576670
·
CHANGE OF AGENT
NAME: MAYTAG SERVICES, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Debbie Skipper
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	ed liability company	is: MAYTAG S	SERVICES, LLC			
2. The mailing address o	f the limited liability	company is : _		·		
403 West 4th St. North, New	ton, IA 50208					
December 3, 2003			M03000004006			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the register Florida Department of		gistered office	address as showr	on the records of the		
		Corporation Syst	em			
		Name		-		
	1200	South Pine Island I	Road	· 500 0		
Address						
Plantation, FL 33324						
	Cit	y, State and Zi	p	55 L		
6. The name and address	of the new registered	agent and/or o	office:	PH 3: 38 SEE, FLORI		
Corporation Service Company						
Name SP 6						
	12	01 Hays Street		DE L		
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City.	, State and Zip				
of the members of the lin or the operating agreemen	hange or changes are the registered agent reby confirmed that the nited liability compart of the limited liabil	made, the Flowill be identice the change(s) was otherward company.	rida street addres al. Or, in the cas vas/were authoriz	s of the registered office		
(Signature of a member or author	ized representative of a men	nber)				
Maureen Cullen, Attorney In l	Fact					
(Printed or typed name of signee)		····				
MI Chelle	- R. Van	non.	ee to act in this cer and complete ion as registered by reflect a change ias been notified	capacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.		
(Signature of Registered Agent)	Michelle R Vannov Ass	Vice President				

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