M04000003811

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MAR 25 2010

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE : 306294 7740170

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 5, 2010

ORDER TIME : 11:58 AM

ORDER NO. : 306294-093

CUSTOMER NO: 7740170

CHANGE OF AGENT

NAME: CNI MANUFACTURING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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 company submits the following statement in order to chan in the State of Florida.		
1. Name of the limited liability company: CNI MANU	FACTURING, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	*: 601 N.E. 2nd Street Marietta, OK 73448	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2600 John Saxon Boulevard Norman, OK 73071	
September 14, 2004	M0400003811	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:	
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	2731 Executive Park Drive, Suite 4 Weston, FL 33331	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: <u>Corporation Service Company</u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee ,FL 32301	
If the limited liability company is not organized under the l that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized regresentative of a member)	t address of the registered office and the business	
Blanca Lozada. Authorized Person (Printed or typed name of signee)	· -	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified corporation Service Company. (Signature of Registered Agent) Grace E. Kirby, Assistant VP	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.	

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