

MA5000004680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

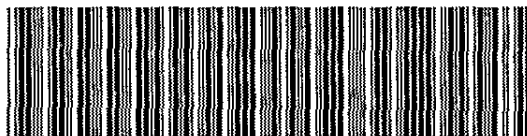
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
NOV -1 2006



a Wolters Kluwer business

CT  
1203 Governors Square Blvd.  
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November 9, 2006

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Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

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06 NOV -9 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6777630 SO  
Customer Reference 1: FI COA  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

American Composites, LLC (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN COMPOSITES, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATT HOWELL  
(Name of Person)

EXPRESSTET  
(Firm/Company)

700 N SAM HOUSTON PARKWAY WEST SUITE 200  
(Address)

HOUSTON/TX 77067  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MATT HOWELL at ( 713 ) 324-4511  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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 limited liability company is: American Composites, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

700 North Sam Houston Parkway West, Suite 200, Houston, Texas 77067

8/22/2005

M05000004680

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

American Composites, Inc

Name

9730 NW 114th Way

Address

Medley, Florida 33166

City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

FL

33324

City, State and Zip

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.

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

ALEX TRAPP  
(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.*

By: E. A. Wallace  
(Signature of Registered Agent)

E. A. Wallace  
Assistant Secretary

INHS18 (8/05)

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

**FILED**  
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