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DEC 1 0 2009

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 195340

7731713

AUTHORIZATION

COST LIMIT

ORDER DATE : 12/09/09

ORDER TIME : 3:0 PM

ORDER NO. : 195340-055

CUSTOMER NO: 7731713

CHANGE OF AGENT

NAME: ACOSTA SALES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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 company submits the following statement in order to c in the State of Florida.	3.508, Florida Statutes, the un change its registered office or	ndersigned limited liability registered age of or byln,	
1. Name of the limited liability company: ACOSTA	A SALES, LLC	2	
 (a) Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>) 	pany: <u>6600 Corporate Cer</u> <u>lacksonville, FL 32</u>	9	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
03/23/2006	M0600000171	3	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:	
Registered Agent:	C T Corporation Syst	C T Corporation System	
Registered Office Address:	1200 South Pine Islan Plantation, FL 33324	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office add		
NEW Registered Office Address:	1201 Hays Street	1201 Hays Street	
(MÜST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under that after the change or changes are made, the Florida s office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.	treet address of the registered he case of a Florida limited lia	office and the business bility company, it is	
Manage Culla (Signature of a member or authorized representative of a member)			
Maureen Cullen, Authorized Person (Printed or typed name of signee)			
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been not apporation services.	nd agree to act in this capacity proper and complete perforn tion as registered agent as pro t a change in the registered of ified in writing of this change.	v. I further agree to nance of my duties, and I nyided for in Chapter 608, ffice address, I hereby	
(Signature of Registered Agent) Grace E. Kirby Asst. VP	Dow 6207 Tollobossos EV 2	2214	
Division of Corporations, P.O. I	dur ubz/, Taharassee, fl. 5.	431 4	

FILING FEE: \$25.00

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