

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number: 105256001620

: (608)827-5300 Phone

Fax Number : (608)827-5501

REGISTERED AGENT CHANGE

DOUBLE E COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$ 35.0 0

C. LEWIS

AUG 2 4 7009

EXAMINER

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Corporate Filing Menu

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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	DOUBLE E COMPANY,	LLC	
		ompany is: 319 Manley St.	· · · · · · · · · · · · · · · · · ·	
West Bridgewater, MA		*	•	
**************************************		N07000001	· · · · · · · · · · · · · · · · · · ·	
1/5/2007	M0700000106			
3. Date of filing/registrat	ion in Florida	4. Document m	unper	
5. The name of the register Florida Department of		stered office address as shown	on the records of the	
1 101100 Dopardinent of		SERVICE COMPANY		
	1201 HAYS STRE	Name ET		
Address				
TALLAHASSEE, FL 32301-2525				
	City	, State and Zip	- 45 C	
6. The name and address	of the new registered a	ngent and/or office:	器。	
	Business Filings In	ncorporated	2009 AUG 21 SECRETAR TALLAHASS	
	1203 Governors Square Blvd Suite 101			
	Florida street addre	ss (P.O. Box NOT acceptable)	STATE FLORID	
	Tallahassee	FI. 32301-2960		
	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 hability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)				
Mark Fortin, Member				
(Printed or typed name of signee				
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	sintment as registered ns of all statutes relati nd accept the obligation this document is being that the limited liabil	agent and agrec to act in this ve to the proper and complete ms of my position as registered filed to merely reflect a chan lity company has been notified	capacity. I further agree to performance of my duties, a gent as provided for in ge in the registered office in writing of this change.	
(Signature of Registered Agent) Mark Williams, A.V.P., Bu Divisi	siness Filings Incorporations, I	ted P.O. Box 6327, Tallahassee, I	FL 32314	
INH\$18(10/99)	FILI	NG FEE: \$25.00		

HAGARRION. FORS