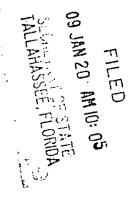
M07000000243

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
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DIVISION OF CORPORATION

B. KOHR

JAN 21 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 861675 7579584

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 16, 2009

ORDER TIME : 11:02 AM

ORDER NO. : 861675-020

CUSTOMER NO: 7579584

CHANGE OF AGENT

NAME: FAST FABRICATORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

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. Name of the limited liability company: FAST FABRICATORS, LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	Portsmouth, NH 03801
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	M07000000243
January 12, 2007	M0700000243
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Corporate Creations Network Inc.
Registered Office Address:	11380 Prosperity Farms Rd. #221E Palm Beach Gardens, FL 33410
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre 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 articles limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
Maureen Cullen, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property am 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 to provide the limited liability company has been notified to provide the limited liability company has been notified to provide the limited liability company (Signature of Registered Agent) Michelle R. Vanno (Asst.)	

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