Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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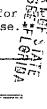
Account Name : CORPORATION SERVICE COMPANY

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LLC REGISTERED AGENT CHANGE LELAND MANUFACTURING LLC

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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. Name of the limited liability company: <u>LELAND</u>	MANUFACTURING LLC	
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	ny: One Best Drive Ferdinand, IN 47532	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One Best Drive Ferdinand, IN 47532	2011 TALE
12/04/2009	M09000004750	FEB I
3. Date of filing/registration in Florida	4. Document number	\$ <u>5</u>
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	C T Corporation Ssytem	<u> </u>
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	CERTIFIC AND
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Compa 1201 Hays Street Tallahassee ,FL	.32301
of the limited liability company is not organized under the hat after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the nereby confirmed that the change(s) was/were authorized iability company or as otherwise provided in the articles of imited liability company. Signature of a member or authorized representative of a member)	et address of the registered office as case of a Florida limited liability co by an affirmative vote of the memb	nd the business impany, it is one of the limited
Maureen Cathell, Authorized Person Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prim familiar with and accept the obligations of my position. S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to the company of the	agree to act in this capacity. I furth oper and complete performance of 1 as registered agent as provided fo change in the registered office addi d in writing of this change.	er agree to my duties, and I r in Chapter 608, ess, I hereby

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

INHS18 (05/08)