Page 1 of 2

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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				J. 4
To:				
	Division of Corporations			613
	Fax Number	:	(850) 617-6383	***
				627 E
From:				255
	Account Name	:	NATIONAL CORPORATE RES	EARCH; -L'U
	Account Number	:	T20000000088	73.
	Phone	:	(800) 221-0102	
	Fax Number		(800) 944~6607	

Enner the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE QUATRO COMPOSITES, L.L.C.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Hels MASON

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: Cuatro Compos	sites, L.	LC.				
2 (a)		۸	p)				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\'	*/	Mailing address of limited liability company: Olote: MAY BE POST OFFICE BOX			
	403 14th Street SE		403 148	Street SE			
	Orange City, Iowa 51041	_	Orange	City, Iowa 51041			
	August 25, 2011		M1100	00004302			
3.	Date of filing/registration in Florida	4.		Document number			
5. (B)				_			
	Registered Agent and Registered Office shows on the records of the	he Florid	a Dept. of Stat	e:			
	CT Corporation System			, , , , , , , , , , , , , , , , , , ,			
	Registered Office Address OMUST BE FLORIDA STREET A	DDRES	2 J				
	1200 South Pine Island			and the second			
	Plantetion ,FL	33324	ł	- Company Control of C			
(b)	Hules name of NEW Registered Agent and/or NEW Registered			235 5			
	Hules name of NEW Registered Agent and/or NEW Registered (Office.ed	dren:				
	NATIONAL CORPORATE RESEARCH, LTD)., INC).	A II: 49 OF STATE			
	NEW Registered Office Address:			ORI : L			
	115 North Calhoun Street, Suite 4						
	Tallahassee FI.	32301					
the chi agent was/w the art	imited liability company is not organized under the law image or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabers authorized by my affirmative vote of the members of icles of organization or the operating agreement of the l	s of the the regi bility of the lin imited !	State of Flo atered office ompany, it in ited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Sinor, President			
	ture of a member updatationized representative of a member	ببسيي		Printed or typed name of signee			
I hereby accept the appointment as registered agent and agree to act in this cupacity. 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 005, F.S. Or, if this document is peing filed to mereby reflect a chapter existered office address. I hereby confirm that the limited liability company has been notified in writing of this chapter.							
Signatu	to of Registering gant						
	Division of Corporationse P.O. B	ox 6327	7• Tullahas	see, FL 32314			

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

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