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B. BOSTICK FEB - 4 2013

EXAMINER



	•	
ORPORATION	SERVICE COMP	ANY

ACCOUNT NO. : 12000000195

REFERENCE : 516924 7918422

AUTHORIZATION :

COST LIMIT : STELLES

ORDER DATE: January 31, 2013

ORDER TIME : 3:44 PM

ORDER NO. : 516924-028

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: CORBITT MANUFACTURING COMPANY,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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 608.508, 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.	Nar	ne of the limited liability company: CORBITT MA	NUFACTURING COMPANY, LLC	
2. (a) F		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	375 Northridge Road, Suite 350 Atlanta GA 30350	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	375 Northridge Road, Suite 350 Atlanta GA 30350	
06	5/08	/2012	M12000003260	
3.	Dat	e of filing/registration in Florida	. Document number	
5.	(a)	egistered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Agent:	CT Corporation System		
		Registered Office Address:	1200 South Pine Island Road Plantation FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)		NEW Registered Agent:	Corporation Service Company 1201 Hays Street	
		(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
tha off her lial lim	t affice eby oilit	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the care confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is	
(Sig	natu	re of a member or authorized representative of a member)		
<u>De</u> (Pr	b R	eeves, Authorized Person or typed name of signee)		
CON CON CON	nere mpl Jan S. (by accept the appointment as registered agent and as y with the provisions of all statutes relative to the pro niliar with and accept the obligations of my position of or, if this document is being filed to merely reflect a c n that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and l as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in writing of this change.	
By	:	Saidh Whight	arah Wright, Asst. VP	

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