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TODD WATSON ATTORNEY AT LAW, P.A.

SUITE 107 7785 BAYMEADOWS WAY JACKSONVILLE, FLORIDA 32256

TELEPHONE (904) 739-9747 FACSIMILE (904) 739-9748

July 6, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Fraser Millworks, Inc.

Dear Sir or Madam:

Enclosed are the following:

- 1. Statement of Change of Registered Agent; and
- 2. Check in the amount of \$35.00 as payment for the filing fee.

Please contact our office if you should have any questions concerning this matter.

Sincerely,

Janice M. Glassman Legal Assistant

/jg

Enclosures

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

				the State of Flo			
1. The name of t	he corporation:	Fraser Milly	works, Inc.				
2. The principal office address: 9424 Sisson Drive Jacksonville, FL 32218							
3. The mailing a	ddress (if different):						
4. Date of incorp	ooration/qualification	n: 3/28/1988	Document numb	er: M74034			
	street address of the tment of State:	e current registered ag	gent and registered offi	ce on file with	the		
	None - res	signed on 6/26/	/2006		LLA	٦ و	-
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6. The name and (if changed):	,	e new registered agen	t (if changed) and /or r	registered offic	F STATE FLORIDA	AM 8: 09	D
		adows Way, Suit (P.O. Box NOT acceptable) Le, FL 32256					
The street addre	ss of its registered of be identical.	office and the street a	address of the busines	s office of its	register	ed age	ent,
Such change wa authorized by th	s authorized by res e board, or the corp	olution duly adopted poration has been not	by its board of direct tified in writing of the	ors or by an o change.	er	, V	<u>P</u> .
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as o comply with the p d I am familiat with ng filed pierety to re been notified in wr	registered agent and rovisions of all statu n and accept the obli eflect a change in the iting of this change.	d agree to act in this of the relative to the pro- gation of my position e registered office add	capacity. per and comp as registered lress, I hereby	lete per agent. confirn	forma Or, if n that	ince this the
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If signing on bel	•						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314