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R.A. Clay

C. Coulliste AUG 1 8 2004



ACCOUNT NO. : 072100000032 REFERENCE: 829633 7446432 AUTHORIZATION : atricia COST LIMIT : \$ 35.00 ORDER DATE : July 30, 2004 ORDER TIME : 10:06 AM ORDER NO. : 829633-470 CUSTOMER NO: 7446432 CUSTOMER: Ms. Shonna L. Koch Leggett & Platt Incorporated No. 1 Leggett Road Carthage, MO 64836 CHANGE OF AGENT NAME: EDRON FIXTURE CORP. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

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

	provisions of sections 607.0502, 617.0502			
statement of ch	ange is submitted for a corporation organi	ized under the law	s of the State of $\frac{F1}{}$	orida
in ord	ler to change its registered office or registe	red agent, or both	, in the State of Flor	ida.
1. The name of	the corporation: EDRON FIXTURE CORP			
2. The principa	I office address:			
3595 N.W.	125th Street, Miami, FL 33167			
3. The mailing	address (if different):			
No. 1 Le	eggett Road, Carthage, MO 64836	5		<u>.</u>
4. Date of incom	rporation/qualification: March 23, 2000	Document n	ımber: <u>P0000002</u>	967
	d street address of the current registered ag artment of State:	gent and registered	office on file with t	he
	C T Corporation System			SE(
	1200 South Pine Island Road	,		AUG.
	Plantation, FL 33324			SEE P 18 P
6. The name an (if changed):	d street address of the new registered agen	t (if changed) and	or registered office	H 2: LI
	Corporation Service Company			
	1201 Hays Street	-	l l	
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301		<u> </u>	
The street addr	ress of its registered office and the street all be identical.	address of the bus	 iness office of its r 	egistered agent,
Such change wanthorized by t	ras authorized by resolution duly adopted the board, or the corporation has been no	by its board of diffied in writing o	rectors or by an of the change.	ficer so
Mayel Signal	ture of an officer or director)		en, Attorney	
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all state nd I am familiar with and accept the obli ing filed merely to reflect a change in the is been notified in writing of this change.	d agree to act in to utes relative to the gation of my posit e registered office	his capacity proper and compl tion as registered a address, I hereby t	ete performance igent. Or, if this confirm that the
By acall	ion Service Company  UNU M. CUUL  ignature of Registered Agent)	August 13, 2	(Date)	<u>.</u>
If signing on b	ehalf of an entity:			
Jacqueline (	M. Giles Typed or Printed Name)	; •	<u> </u> 	
			1	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Taleahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*