Division of Corporations Electronic Filing Cover Sheet

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ro:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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: (850)222-1092

Fax Number

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

## REGISTERED AGENT CHANGE AERO PRODUCTS INTERNATIONAL, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35,00

## , For statement of change of registered office or registered agent or both for corporations

statement o	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor f change is submitted for a corporation organized under the laws of the State order to change its registered office or registered agent, or both, in the State	of Florida
	e of the corporation: Acro Products International, Inc.	•
	cipal office address: 1834 Walden Office Square, #300, Schaumburg, IL 60173	
3. The mail	ing address (if different): 2381 N.W. Executive Center Drive, Boca Raton, FL 33	1431
4. Date of i	ncorporation/qualification: 05/22/2001 Document number:	P010000\$0BK9
	e and street address of the current registered agent and registered office on file department of State: (If resigned, enter resigned)	s with the
	National Corporate Research, LTD., Inc.	
	515 Bast Park Ave	
	Tailuhassoc, FL 32301	Ac
6. The name (if change	e and street address of the new registered agent (if changed) and for registered ed):	office SSEE
	C T Corporation System	- 70
	c/o C T Corporation System, 1200 South Pine Island Road	<b>75</b> ≥
	P.O. Hox NOT soceptable	
	Plantation, Florida 33324	<u>-</u>
paguedo se	ddress of its registered office and the street address of the business office will be identical.	
Such chang authorized	te was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	y an officer so
Dem	Jarrett Brutarman, Assi	•
Mereby ac I further ag of my dulie document is corporation	gusture of sit officer of director  cept the appointment as registered agent and agree to act in this capacity, tree to comply with the provisions of all statutes relative to the proper and s, and I am familiar with and accept the obligation of my position as regis s being filed merely to reflect a change in the registered office underess, I h has been notified in writing of this change.	
By M	C T Corporation System  10-5- Signature of Recipied Agent  Daily	10
	m behalf of an entity:  Madonna Cuddihy	
abe	Cial Assistant-Secretary	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

# - " L.