	Provide Corporations Corporations Page 1 of Pa
	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. (((H12000034428 3)))
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
	To: Division of Corporations Fax Number : (850)617-6380
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5368 **Enter the email address for this business entity to be used for filling A Source
•	Electronic Filing Menu Corporate Filing Menu
	Electronic Filing Menu Corporate Filing Menu Help https://efile.sunbiz.org/scripts/efilcovr.exe FEB 09 1002 2/8/2012 E0/10 3974 NDI14304300 10 FEB 09 1002 2/8/2012 T. ROBERTS 95:71 2102/80/20

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COVER	LETTER	
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TO: Amendment Section Division of Corporations

SUBJECT:	CUTTING EDGE TOOLING, INC.				
	Name of Corporation				
DOCUMENT NUMBER;	P02000109828	_			

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

rtinsley@masonite.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

Area Code & Daytime Telephone Number

*

Enclosed is a \$35.00 check made payable to the Department of State.

Mulling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

1. The name of the corporation; _____

- 2. The principal office address; ONE TAMPA CITY CENTER, 201 N. FRANKLIN ST., SUITE 300, TAMPA, FL 33602
- 3. The mailing address (if different): ONE TAMPA CITY CENTER, 201 N. FRANKLIN ST., SUITE 300, TAMPA, FL 33602

4. Date of incomporation/qualification:	10/11/2002	Document number	P02000109828
4. Late of mean orange of the second	20) - LI 40 40	1.8000000000000000000000000000000000000	2 GB0444102024

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORFORATION SERVICE COMPANY

ONE TAMPA CITY CENTER 201 N. FRANKLIN ST #300

TAMPA, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed);

C T Corporation System

o/o C T Corporation System, 1200 South Pine Island Road

P.D. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

or directo

Melvin Maldonado, Vice President

Printed or typed manne and faile

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutics, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed mereby to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

	CT Corporation System
By:	CT Corporation System
	Signature of Registered Agent

2/6/2012 Date

If signing on behalf of an entity: Kristin Bolden

Assistant Secretary

Typed or Printed Name

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

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

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