P0653

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SECRETARY OF STATE
TALL AHLESSEE F. STATE

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PREMIER CORPORATE SERVICES, INC.

>****

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

August 18, 2005

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Merchandising Equipment, Inc.

Dear Sir or Madam:

On behalf of the above captioned corporation, enclosed is one original and one copy of the Statement of Change of Registered Agent, together with a check in the amount of \$35.00 representing filing fees.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Laura L. Lightholder

enclosure

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

change is subm	•	617.0502, 607.1508, or 617.1508, Florida Statutes, t under the laws of the State of Georgia , or both, in the State of Florida.	his state	ement _ in o	_
1. The name of	the corporation: Merchandising	Equipment, Inc.			
2. The principal	office address: 820 Fairburn R	d., S.W., Atlanta, GA 30831			· -
3. The mailing a	address (if different):			•	
4. Date of incor	poration/qualification: July 2, 19	Document number: P06653			
	d street address of the current regiterment of State:	stered agent and registered office on file with the			
	CT Corporation System				
	1200 S. Pine Island Road				
	Plantation FL 33324		SEC	05	
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	RETARY O	SEP -9	FII.E
	NRAI Services, Inc.		OF S	7	J
	2731 Executive Park Drive	, Suite 4 r personal mailbox NOT acceptable)		₩	
	Weston, FL 33331	резола напод мет ассервое)	}~'``	တ	
The street addr	ess of its registered office and th	e street address of the business office of its register	ed age	nt, as	
•		adopted by its board of directors or by an officer s in writing of the change.	o autho	rized	bу
	Signature of an officer or director)	LAWTON K. GRANT (Printed or typed name and til	, CE		
I hereby accept I further agree duties, and I am being filed mer been notified in NRAI Services	writing of this change,	ngent and agree to act in this capacity. All statutes relative to the proper and complete perbligation of my position as registered agent. Or, if istered office address, I hereby confirm that the confirmation.	rformar This do rporati	nce of cumer on has	my it is
	(Eignature of Registered Agent)	9/01/05 (Date)			
If signing on be	chalf of an entity:	· ,			
Laura L. Ligh	tholder (Typed or Printed Name)	Assistant Secretary (Capacity)			

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