## P07000099580

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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02/06/08--01034--009 \*\*35.00



RAChange Thews 2/11/08

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: CERULIUM CORPORATION (Name of Corpora	ition)	
DOCU	UMENT NUMBER:_ P07000099580		
The en	nclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to the	following:	
	Post-Formation Filings (Name of Contact P	erson)	
	M. Camanatian		
MyCorporation (Firm/Company)			
26520 Agoura Rd. (Address)			
Calabasas, California 91302			
(City/State and Zip Code)  For further information concerning this matter, please call:			
Post-	-Formation Filings at ( Name of Contact Person)	818 ) 879-9079 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.			
	Mailing 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	

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

statement of char	revisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida corporation or egistered agent, or both, in the State of Florida.		
	ne corporation: CERULIUM CORPORATION		
	office address: 221 Bronlow Dr., Irmo, South Carolina 29063		
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 09/06/2007 Document number: P07000099580		
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:		
•	Jose Vitale		
	900 SE 8th Ave., Suite 200		
	Deerfield, Florida 33441		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	NRAI Services, Inc.		
	2731 Executive Park Drive., Suite 4		
(P.O. Box NOT acceptable)			
	Weston, Florida 33331		
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.		
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.		
July (Signatur	Stephen Wilmes, President (Printed or typed name and title)		
I hereby accept a further agree to of my duties, and document is beir corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.		
- 20st	nature of Registered Agent)  ASST SC 1/23/58 (Date)		
If signing on bel	nalf of an entity:		
	ecord, Asst. Sec.		
	* * * 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)