P14909

(Re	questor's Name)				
(Ad	dress)				
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SECRETARY OF STATE
JALL AHASSEF, FLORIDA

R.A. Change

B 3-20-08

COVER LETTER

TO: Amendment Section Division of Corporations	•		
SUBJECT:	LURGI, IN		
	(Name of C	orporation)	
DOCUMENT NUMBER: <u>P1490</u>	9		
The enclosed Statement of Change	of Registered Office	e/Agent and fee are submi	tted for filing.
Please return all correspondence co	oncerning this matter	to the following:	
	Myra H (Name of Cor	lomer	
	(Name of Cor	itact Person)	
	Capitol Corporat (Firm/Co	e Services, Inc. mpany)	
<u></u>	800 Brazos, (Addi	Suite 400	
	Austin, Texa (City/State an	as 78701 d Zip Code)	
For further information concerning	•		
Myra Home (Name of Contact F	r Person)	at (<u>800</u>) (Area Code & Dayt	345-4647 ime Telephone Number)
Enclosed is a \$35.00 check made p	r	·	,
Mailing A	ddress:	Street Address: Amendment Se	
Amendme	ent Section		
Division (P.O. Box	of Corporations	Division of Co Clifton Buildir	
1 . U, DUA	1 12 12 1	OWING DAILERS	^b

Return acknowledgment to: MSH

2661 Executive Center Circle Tallahassee, FL 32301

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Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	zed under the laws o	of the State of Tenne	ssee		
1. The name of t	The name of the corporation: LURGI, INC.					
2. The principal	office address:					
1790 Kirby	Parkway, S-300, Memphis, TN 38138			··		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 6/19/1987	Document nun	nber: <u>P14909</u>			
	street address of the current registered ag	ent and registered o	office on file with the			
	C T Corporation System					
	1200 South Pine Island Road					
	Plantation, FL 33324			E		
6. The name and (if changed):	street address of the new registered agent Capitol Corporate Services, Inc.	(if changed) and /c	AHA	TILLU 2008 MAR 18 PM 12: 1		
	155 Office Plaza Drive, Suite A			PH IS		
	(P.O. Box NOT acceptable)		32301	- 18 - 18		
	Tallahassee	Florida		5000		
as changed will	ess of its registered office and the street a be identical.	address of the dusir	ness office of its regi	stered agent,		
Such change was	as authorized by resolution duly adopted na poard, or the obsporation has been not	by its board of dir ified in writing of	ectors or by an office the change.	er so		
	The of arrotticer or dispersor)	7	L W.FLipp:			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the obli ng filed merely to reflect a change in the been notified in writing of this change.	l agree to act in thi ties relative to the p gation of my positi registered office a	is capacity. proper and complete on as registered ager address, I hereby con	performance nt. Or, if this firm that the		
Dela	nie Case	3	(Date)			
(Si _l	gnature of Registered Agent)		(Date)			
If signing on be	half of an entity:					
	t. Secretary on Behalf of Capitol Corporate Service Typed or Printed Name)	es, Inc.				

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

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