P16617

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(((H10000170662 3)))



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To:

Division of Corporations

Fax Number

: (850)617-63BO

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

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REGISTERED AGENT CHANGE LIGNUM-2, INC.

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SECRETARY OF STATE TALL AHASSEE, ELORGO

727/20X

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COVER LETTER

Division of Corpor	n ations	
SUBJECT:	Lignum	-2, Inc.
~ C 20 2 C = 1	Name (of Corporation
DOCUMENT NUMBER;	P16617	
The enclosed Statement of	Change of Registered O	flice/Agent and fee are submitted for filing.
Please return all correspond	once concerning this ma	uter to the following:
	Jo Reed	
***************************************	Name of	Contact Person
	Commonwealth	Brands Inc.
	Firm	/Company
	900 Church S	treet
	A	ddress
	Bowling Gree	n, KY 42101
-	City/State	and Zip Code
•	jo.reed@us.i	mptob.com
E-mail a	iddress: (to be used fo	r future annual report notification)
For further information conc	erning this matter, pleas	e call:
	JonReed tact Person	at () 270-781-9100 Area Code & Daytime Telephone Number
Name of Con	tact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check n	nade payable to the Dep	artment of State.
Ām Div. P.O.	ling Address: andment Section ision of Corporations Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

CR26045 (8/05)

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

Pursuant to the	provisions of sections 60:	7.0502 <mark>.</mark> 617.0502	, 607.1508, or 617.1508, Florid	da Statutes, this
statement of ch	ange is submitted for a co	poration organi	ted under the laws of the State (of Texas
in ord	ler to change its registered	office or register	red agent, or both, in the State o	of Florida.
1. The name of	the corporation: Lignum-2	, Inc.		
2. The principal	office address 900 Churc	h Street, Bowling	Green, KY 42101	
			·	
3. The mailing	address (if different):			
4. Date of incor	poration/qualification:	10-30-87	Document number:	P16617
	d street address of the current of State: (If resigne		ent and registered office on file	with the
	Sergio Rotati	·		<u> </u>
	2655 Lee Jeune Road			
	Coral Gables, FL 33134	************		
6. The name and (if changed):	street address of the new	registered agent	(if changed) and /or registered o	office p
	C T Corporation System	·		·
	c/o C T Corporation System	n, 1200 South Pin	e Island Road	
		P.O. Box, NOT a	coepiable	
	Plantation, Plorida 33324			
The street address changed will	ss of its registered office be identical.	and the street ad	ldress of the business office of	fits registered agent,
Such change was authorized by th	s authorized by resolution e board, or the corporation	n duly adopted b on has been notif	y its board of directors or by fied in writing of the change.	an officer so
- Lagratur	o at an attice of director		Rob Wilkey 50	cretary_
hereby accept of further agree to further agree to further agree to further, and to cument is being to poration has	the appointment as regist o comply with the provisi of I am familiar with and a ng filed merely to reflect a been notified in writing o	ered agent and cons of all statute accept the obligation of the constance in the first this change.	agree to act in this capacity. is relative to the proper and o stion of my position as registe registered office undress, I hen	omplete performance red agent. Or, if this eby confirm that the
Byczaur	Corporation System			10 .
Sign	tture of Registered Agent	Laura Broo	jerick Date	
f signing on beh	alf of an entity:	Assistant Se	ecretary	
Тур	sed or Printed Name			•

* * * PILING 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)