## P18580

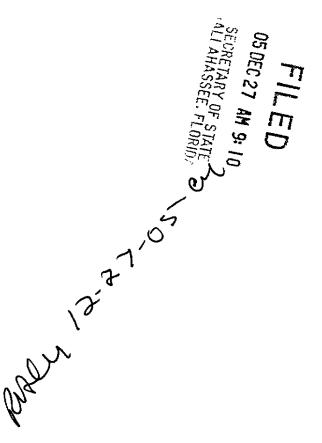
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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12/27/05--01035--018 \*\*35.00



## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Fairbanks Scales Inc.	rporation)
	(1.11.10 01 00)	Political
DOC	UMENT NUMBER: P18580	
The en	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter t	to the following:
	D	
	Deanna Hughes (Name of Cont	not Powers)
	(wante of Cont	act reison)
	Fairbanks Scales Inc.	
	(Firm/Con	npany)
	·	• • •
	821 Locust	
	(Addre	ess)
	Kansas City MO 64106 (City/State and	7:- Codo
_ ^	• •	•
For fur	rther information concerning this matter, please ca	ll:
Dean	nna Hughes	at ( 816 ) 448-4214
	(Name of Contact Person)	at ( <u>816</u> ) 448-4214 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section
	P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Kansas er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation; Fairbanks Scales Inc.
2. The principal	office address: 821 Locust, Kansas City MO 64106
3. The mailing a	address (if different): n/a
4. Date of incorp	poration/qualification: 03/28/1988 Document number: P18580
	street address of the current registered agent and registered office on file with the then the three t
	Wayne Dixon
	3512 Waterfield Parkway
	Lakeland FL 33803-9704
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	John Cerrone
	3512 Waterfield Parkway
	(P.O. Box NOT acceptable)  Lakeland FL 33803-9704
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
- Signatu	Stephen D. Wurtzler, Chief Financial Officer (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity, to 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.
)oh	na (Irone 12/9/05 gnature of Registered Agent) dL (Date)
U If signing on bel	half of an entity:
John Cerror	ne
	Amed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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