## P20757

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DEPARTMENT OF STATE

SECRETARY OF STATE THE STATE OF CORPORATION OF CORP

R.A

OCT 1 6 2012

T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 352531 7902776

AUTHORIZATION :

COST LIMIT :

ORDER DATE : 10-16-12

ORDER TIME : 10:41 AM

ORDER NO. : 352531-040

CUSTOMER NO: 7902776

## CHANGE OF AGENT

NAME: ARMSTRONG WOOD PRODUCTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: \_\_\_\_

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

statement of change is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.	
1. The name of the corporation: ARMSTRON	IG WOOD PRODUCTS, INC.	
2. The principal office address: 3551 Plano F	Parkway, The Colony, TX 75056	
3. The mailing address (if different): PO Box	3001, Lancaster, PA 17604-3001	
4. Date of incorporation/qualification: 09/02/	1988	
5. The name and street address of the current re Florida Department of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
C T Corporation System		
1200 South Pine Island F	Road	
Plantation, FL 33324	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	SE 3S
6. The name and street address of the new regis (if changed):	tered agent (if changed) and /or registered office	CRETAR
Corporation Service Con	npany	CORP C
1201 Hays Street		OR A
Tallahassee, FL 32301	O. Box NOT acceptable	ਹੁੰਜ਼ ਹ
The street address of its registered office and t as changed will be identical.	he street address of the business office of its registered age	ent,
	y adopted by its board of directors or by an officer so seen notified in writing of the change.	
I have by accept the appointment as registered	Maureen Cathell, Vice President  Printed or typed name and title	
I further agree to comply with the provisions of performance of my duties, and I am familiar w	agen and agree to act in his capacity. I all statutes relative to the proper and complete I than accept the obligation of my position as registered By to reflect a change in the registered office address, I	
By: Drang Company	October 15, 2012	_
Signature of Registered Agent	Date	
If signing on behalf of an entity:  Crace E. Kirby, Assistant VP	J	
Grace E. Kirby, Assistant VP  Typed or Printed Name		

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

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314