P32290

(Requestor's Name)							
(Ac	ddress)						
(Ac	ldress)						
(Ci	ty/State/Zip/Phon	e #)					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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DIVISION OF COLD PM 3: 53

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COVER LETTER

Amendment Section
Division of Corporations

TO:

SUBJECT: ATLANTIC CONSTRUCTION FABRICS, INC.							
(Name of Corporation)							
DOCUMENT NUMBER: P32290							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Myra Homer							
(Name of Contact Person)							
Capitol Corporate Services, Inc.							
(Firm/Company)							
800 Brazos, Suite 400							
(Address)							
Aug.Pu T TOTO 4							
Austin, Texas 78701 (City/State and Zip Code)							
· · · · · · · · · · · · · · · · · · ·							
For further information concerning this matter, please call:							
Myra Homerat (800) 345-4647							
Myra Homer at (800) 345-4647 (Name of Contact Person) (Area Code & Daytime Telephone Number)							
Enclosed is a \$35.00 check made payable to the Department of State.							
·							

Street Address: Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR212045 (8/05)

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

statement of chai	provisions of sections 60 nge is submitted for a co to change its registere	orporation o <mark>rga</mark>	nized under th	ie laws	s of the State	e of <u>Virc</u>	ılnia	
,	he corporation:	•	-					
	office address:							
· · · · · · · · · · · · · · · · · · ·	ell Road, Richmond,							
ر. The maiting ac	ddress (if different):							
4. Date of incorp	oration/qualification: 1	2/27/1990	Docum	ent nu	mber: <u>P32</u>	290		
5. The name and Florida Depart	street address of the cur ment of State:	rrent registered a	agent and regi	stered	office on fi	le with th	ne	
	C T Corporation Syst	ern						2
	1200 South Pine Isla	nd Road					4	2 186
	Plantation, FL 33324	1			 -			包 弱
6. The name and (if changed):	street address of the ne	w registered age	nt (if changed) and /	or registere	d office		OT MON 19 PM 3:53
,	Capitol Corporate Se	rvices, Inc.						بې بى
	155 Office Plaza Driv	e, Suite A Box NOT acceptable	<u> </u>					ى
	Tallahassee		Florida		32301			
·	ss of its registered office	ce and the street					gistered age	ent,
=								
authorized by the	s authorized by resolut board, or the corpora	tion has been n						
(MI	well hall		Julious		•	· ·	Secret	ary
// -	e of an officer of director)	 -		•	d or typed name			- ·
l hareby accept t I firther agree to of my duties, and document is bein corporation has	he appointment as reg o comply with the provi I I am familiar with an g filed merely to reflec been notified in writing	istered agent ar isions of all star d accept the ob tt a change in th g of this change	id agree to ac tutes relative ligation of my ie registered c	et in the to the positi	is capacity proper and lon as regis address, I h	comple tered ag tereby co	te performa ent. Or, if onfirm that	ince this the
Delanu Care 11-15-07								
(Sign	nature of Registered Agent)				(Date)			_
If signing on beh	alf of an entity:							
Delanie Case, Asst.	Secretary on Behalf of Cap	itol Corporate Serv	ices, Inc.					
	ped or Printed Name)							

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