·.P32755

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SECRETARY OF STATE
IVISION OF CORPORATIONS

(3 4/4/06) A+/MO



March 24, 2006

To Whom It May Concern:

Please file the enclosed Change of Agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 110

Sincerely,

Jíll Probst
Corporate Services Department

COVER LETTER

SUBJECT:	KING INDUST	RIES, INC					
SOBILE 1.	(Name of Corporation)						
DOCUMENT NUMBER	;F	P32755					
The enclosed Statement of	Change of Registered Offic	e/Agent and fee are submi	tted for filing.				
Please return all correspon	dence concerning this matte	r to the following:					
	Jill P	robst					
	(Name of Co	ntact Person)					
	National Service	Information, Inc					
	(Firm/C	ompany)					
	145 B:	aker St					
		iress)					
	Marion, C	hio 43302					
	(City/State a	nd Zip Code)					
For further information co	ncerning this matter, please	call:					
	Probst Contact Person)	at (740) (Area Code & Dayt	387-6806 ime Telephone Number				
Enclosed is a \$35.00 check	c made payable to the Depar	tment of State.					
<u>M</u> A	failing Address: mendment Section	Street Address: Amendment Se	ection				
D	ivision of Corporations	Division of Co	orporations				
	O. Box 6327	Clifton Buildin	ng e Center Circle				

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of change	risions of sections 607 is submitted for a cor change its registered	rporation organize	ed under the laws of	the State of		
1. The name of the c	ne name of the corporation: KING INDUSTRIES, INC					
2. The principal office	37421					
3. The mailing addre	ess (if different):					
4. Date of incorporate	tion/qualification:	02/05/1991	Document numb	per:	- 32755	
5. The name and stre Florida Departmen	eet address of the curr nt of State:	ent registered ager	nt and registered off	ice on file with the	;	
	CT CC	ORPORATIO	N SYSTEM			
	1200	S. PINE ISLA	AND ROAD		o Piv	
	P	LANTATION F	L 33324		SION BAS	
6. The name and stre (if changed):	eet address of the new	registered agent (if changed) and /or	registered office	06 MAR 28 AM 10:	
	Nation	al Registered	l Agents, Inc.		AM 10: 35	
	2731 Ex	cecutive Park	Drive, Suite	4	ယ်	
	(P.O. Box NOT acceptable)					
		Weston, FL				
The street address o as changed will be i	f its registered office dentical.	and the street ad	dress of the busine	ss office of its reg	istered agent,	
Such change was au authorized by the bo	thorized by resolutionard, or the corporati	on duly adopted b on has been notif	y its board of directied in writing of th	tors or by an office change.	er so	
<i>y</i> , -	an officer of directory		•	ped name and title)		
I hereby accept the a I further agree to co of my duties, and I a document is being fi corporation has bee	appointment as regis mply with the provis im familiar with and iled merely to reflect in notified in writing	stered agent and a sions of all statute accept the obliga a change in the r of this change.	igree to act in this s relative to the pr tion of my position egistered office add	capacity, oper and complete as registered age dress, I hereby co	e performance ent. Or, if this nfirm that the	
Melody Tues (Signatur	men Assard	Seasedary.	3-16-	(Date)		
If signing on behalf	of an entity:			•		
	n , Assistant Sec or Printed Name)	cretary_		٦.		

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