

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

: (850)222-1092

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: (850)878~5926

REGISTERED AGENT CHANGE

CPX-WESTSHORE CORPORATION

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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3/20/2007 03/50/5007 14:12

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 nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida. | |
|--|---|----------|
| 1. The name of t | he corporation: CPX-Westshore Corporation | _ |
| 2. The principal | | <u>-</u> |
| 3. The mailing a | ddress (if different): | _ |
| 4. Data of incorp | poration/qualification: 1/12/1983 Document number: P93000002511 | _ _ |
| | street address of the current registered agent and registered office on file with the timent of State: | |
| - | Corporation Service Company | |
| | 1201 Hays Street | |
| | Tallahassee, FL 32301-2525 | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | |
| | CT Corporation System AHE | דר |
| | c/o C T Corporation System, 1200 South Pine Island Road | = |
| | Plantation, Florida 33324 | |
| The street address as changed will | ss of its registered office and the street address of the business office of its registerer agent, >> be identical. | |
| Such change was | s authorized by resolution duly adopted by its board of directors or by an officer so a board, of the corporation has been notified in writing of the change. | |
| Mules | Melissa Horter Section | |
| l hereby accept to further agree to of my duties, and document is bein corporation has | the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance if I am jamiliar with and accept the obligation of my position as registered agent. Or, if this is glied merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. | |
| By: Gan | 1 Corporation of the control of the | |
| If signing on beh | • • | |
| arol Reco | rel-Assistant Soci | |
| | * * * FILING FEE: \$35.00 * * * | |
| Maj R2E045 (8/05) | Make checks payable to Florida Department of State il to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | |

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