

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

Account Name

: BARNETT, BOLT, KIRKWOOD & LONG Account Number : 072731001155

Phone

(813) 253-2020

Fax Number

(813)251-6711

REGISTERED AGENT CHANGE

ENGLISH LIQUIDATING, INC.

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Corporate Filing

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

_	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this statement of
	tted for a corporation organized under the laws of the State of Florida	in order
to change its reg	gistered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: English Liquidating, Inc. f/k/a Ferman Ford, Inc.	<u>,</u>
2. The principal	office address: 1405 US Highway 17 S	· taring
Wauchula,	FL 33878-0212	
3. The mailing a	ddress (if different): P.O. Box 218	·
Wauchula, I		1=
4. Date of incorp	poration/qualification: 9/19/96 Document number: P96000078149	
	I street address of the current registered agent and registered office on file with the timent of State:	de 0
	Stephen B. Straske, II	超易力
	1306 W. Kennedy Boulevard	題25
	Tampa, FL 33606-1849	- Fig 3 (
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SECRETARY OF STATE
	Dana B. English	
	1405 US Highway 17 S	د ر
	(P.O. Box or personal maniforx NOT acceptable)	
	Wauchula, FL 33873	
The street addre	ess of its registered office and the street address of the business office of its registeridentical.	red agent, as
Such change wa	is authorized by resolution duly adopted by its board of directors or by an officer of corporation has been notified in writing of the change.	so authorized by
× \$ 00	Dana B. English, President (Printed or typed name and t	itle)
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, it is to reflect a change in the registered office address, I hereby confirm that the countries of this change.	nformance of my Tihis document is Orporation has
× L	Signature of Registered Agests) December 22, 2007 (Date)	
If signing on be	half of an entity:	
·	(Typed or Printed Name) (Capacity)	

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314