

### Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

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## REGISTERED AGENT CHANGE

#### GEBO CORPORATION USA

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sunge is submitted for a corporation organized under the laws of the State of to change its registered office or registered agent, or both, in the State of Flo	Flori		_
1. The name of t	ne corporation: GEBO CORPORATION USA			
2. The principal	office address: 5600 SUN COURT, NORCROSS, GEORGIA 30092			
3. The mailing ac	Idress (if different):			
4. Date of incorp	oration/qualification: 11/07/1996 Document number: P9600009	1690		
5. The name and Florida Depart	street address of the current registered agent and registered office on file with ment of State:		80	
	WALTERS, JOEL W		APR	T
	WALTERS LEVINE KLINGENSMITH & THOMISON	TARY ASSI	₹22	
	1800 SECOND STREET, STE 808, SARASOTA, FL 34236		₽	П
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	STATE	3: O6	O
	C T CORPORATION SYSTEM	· ·		
	1200 SOUTH PINE ISLAND ROAD			
	(P.O. Box NOT աշարևահա) PLANTATION, FLORIDA 33324			
The street address changed will	es of its registered office and the street address of the business office of its be identical.  s authorized by resolution duly adopted by its board of directors or by an or board, or the corporation has been notified in writing of the change.			ent,
(Sugnatur	Vicilia ANSELA L. Wingeman (Printed or typed name and til	Teous	uper	-
I hereby accept a further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and comply with the proper and comply with the proper and comply am familiar with and accept the obligation of my position as registered of the proper and complete the proper address, I hereby been notified in writing of this change.	plete pe agent. v confir	erform Or, if m that	ance this the
Dale				_
ASSIST	nalf of an entity:  ALT W. MORRIS  ANT VICE PRESIDENT.  APPROX OF Printed Name)			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)