

098000050290

**Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

FORRESTER-SMITH FULFILLMENT, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Forrester-Smith Fulfillment, Inc.
2. The principal office address: 213 Hobbs Street, Tampa, FL 33619
3. The mailing address (if different): P.O. Box 1609
LeWiston, ME 04241-1609
4. Date of incorporation/qualification: 06/04/1998 Document number: P98000050290
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

John W Gardner
128 West Robertson Street
Brandon, FL 33511

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

[Signature] Robert J. Blaisdell
(Signature of Officer or Director) (Name of Officer or Director)

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed solely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

By: [Signature] 9-11-06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: SEYMOUR ARMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

(Typed or Printed Name)

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

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

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