

P99000022195

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
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Email Address: _____

REGISTERED AGENT CHANGE PROFAST SUPPLY, INC.

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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: Profast Supply, Inc.
2. The principal office address: 8500 Parkline Boulevard, Suite 106
Orlando, FL 32809
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/10/1999 Document number: P 99000022195

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

W. Charles Shuffield, Esq.

1000 Legion Place, Suite 1700

Orlando, FL 32801

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

William R. Lowman, Jr., Esq.

1000 Legion Place, Suite 1700

P.O. Box NOT acceptable

Orlando, FL 32801

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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.

Roger A. Goen
Signature of an officer or director

Roger A. Goen, President

Printed or typed name and title

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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.)

[Signature]
Signature of Registered Agent

July 9, 2012

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (03/12)

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