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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: UCC FILING & SEARCH SERVICES, INC.

Account Number : I19980000054 Phone

(850) 681-6528

Fax Number

: (850)681-6011

REGISTERED AGENT CHANGE

BL COMPANIES SOUTHEAST, INC.

Certificate of Status	0
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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, statement of change is submitted for a corporation organized under the in order to change its registered office or registered agent, or	e laws of the State of FLORIDA
1. The name of the corporation: BL COMPANI	ES SOUTHEAST, INC.
2. The principal office address: 355 RESEARCH PARKWAY, AT	TN: LEGAL DEPT., MERIDEN, CT 06450
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6-11-99 Docum	ent number: P99000055660
The name and street address of the current registered agent and registered agent and registered agent and registered.	
CT Corporation System	28 2
1200 S. Bino Island Boad	FILE ASS
Plantation, Florida 33324	Eq. 3
6. The name and street address of the new registered agent (if changed (if changed): NRAI Services, Inc.	and /or registered office
2731 Executive Park Drive, Suite 4	
(P.O. Box NOT acceptable) Weston, FL 33331	<u> Nyaisa</u>
The street address of its registered office and the street address of the as changed will be identical. Such change was authorized by resolution duly adopted by its board authorized by the board of the sorporation has been notified in write the sorporation of the sorporation has been notified in write the sorporation has be	of directors or by an officer so ting of the change. G. Ball - President (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to a I further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of my document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.	of in this capacity, to the proper and complete performance position as registered agent. Or, if this office address, I nereby confirm that the
(Signature of Regutered Agent)	5-16-07 (Date)
(Typed or Printed Name)	· **

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