Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

M.G.S. MANUFACTURING INC.

Certificate of Status	0
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Corporate Filing Menu

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JUL 23 2009

EXAMINER

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

statement of ch	ange is submitted for a con	rporation organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	s of
1. The name of	the corporation: M.G.S. M	IANUFACTURIN	G INC	
	office address: 122 OTIS			
3. The mailing	address (if different): POS	T OFFICE BOX 4	259 ROME NY 13442-4259	
4. Date of incom	rporation/qualification:	11/20/2008	Dooument number:	F08000005006
	d street address of the curr atment of State: (If resigna		ent and registered office on fil	e with the
•	CORPORATION SERVI	CE COMPANY	•	•
	1201 HAYS STREET	, .		 .
	TALLAHASSEE FL 323	01-2525	1100	
6. The name an (if changed):		registered agent	(if changed) and /or registere	99 JUL 22 SECRETAR ALLEAHASS
	c/o C T Corporation Syst	am, 1200 South Pl	ne Island Roud	
	DE-1-4: 17:3- 22224	P.O. Box NOT	-	7 S
The street addr as changed will Such change v	ress of its registered office labeled by resolutions authorized by resolutions.	o and the street a	ddress of the business office by its board of directors or b find in writing of the change	of its registered to the control of
Ann.	the board, or the corporat	ion link been noti	Scott W. Stephan. V	
I hereby accept further agree of my duties, a document is be corporation he		stered agent and slons of all slatu I accept the oblig t a change in the of this Change.	agree to act in this capacity ies relative to the proper an atton of my position as regi- registered office address, I	
Burn M	inother of Represent Areas		1/12/10	9
If signing on b	chalf o Colsisto Diaz Assistant Secre			
	Typed or Printed Number		•	

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

#AKE CHECKE PAYABLE TO FLORIDA DEPARTMENT OF STA

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (\$405)