Division of Corporations

Florida Department of State

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REGISTERED AGENT CHANGE INSULATION DISTRIBUTORS, INC.

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JUL 13 2010

EXAMINER

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

statement of ch	e provisions of sections 607.0502, 617.050 nange is submitted for a corporation organ der 10 change its registered office or registe	ized under the laws of the	State of Mir	nnesota	•
1. The name of	the corporation: INSULATION DISTI	RIBUTORS, INC.	<u>.</u>		
•	al office address:		i		
8303 Aud	ubon Road, Chanhassen, MN 55317				
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: 01/27/2000	Document number:	F00000000)566	
	nd street address of the current registered agartment of State:	gent and registered office	on file with th	he	,
	C T Corporation System				
	1200 South Pine Island Road		•		· . ·
	Plantation, FL 33324	-	:		
6. The name as (if changed)	nd street address of the new registered agen :	at (if changed) and /or reg	istered office		*Enware
• .	Corporation Service Company		• 1		-
-	1201 Hays Street			3	题
- •	(P.O. Box NOT acceptable)			6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	i i i i i i i i i i i i i i i i i i i
•	Tallahassee, FL 32301	`	:	関系し	
The street add as changed wi	ress of its registered office and the street li be identical.	address of the business of	office of its re	egistered agent,	
Such change v	was authorized by resolution duly adopted the board, or the corporation has been no	I by its board of director tified in writing of the cl	s or by an off hange.	ficer so	
1 Ca	ature of an officer or durktor	Blanca Lozada, Atto	_	t .	
I hereby accept a further agree of my duties, a document is be corporation he	of the appointment us registered agent un 2 to comply with the provisions of all statu and I am familiar with and accept the obli- ting filed merely to reflect a change in th as been notified in writing of this change.	d agree to act in this cap utes relative to the prope igation of my position as e registered office addre			g g
By:	tion Service Company Signature of Registered Agent)	July	10, P. are)	010	
If signing on t	ochalf of an entity:	`	,		
	by, Asst. Vice President	•	į		
	(Typed or Printed Name)	ነው. ድንድ ልስ ቀ ቀ ቀ	į		

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