P13007

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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April 18, 2006

To Whom It May Concern:

Please file the enclosed Change of Agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 110

Sincerely,

Jill Probst

Corporate Services Department

COVER LETTER

SUBJECT: PHOENIX FABRICATORS AND ERECTORS, INC. (Name of Corporation) P13007 **DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jill Probst (Name of Contact Person) National Service Information, Inc. (Firm/Company) 145 Baker St (Address) Marion, OHIO 43302 (City/State and Zip Code) For further information concerning this matter, please call: Jill Probst (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

Pursuant to the p	provisions of sections 6	07.0502, 617.0502, (507.1508, or 617.1	508, Florida Sta	itutes, thi s		
-	ige is submitted for a c	•	-	•			
in order	to change its registere	d office or registered	d agent, or both, in	the State of Flor	rida.		
1. The name of the corporation: PHOENIX FABRICATORS AND ERECTOR					RS, INC.		_
2. The principal	office address:		182 S COUNTY	RD, 900 E			
		AVON IN	46123 US	·			
3. The mailing ac	Idress (if different):			· · · · · · · · · · · · · · · · · · ·	- -		_; _
4. Date of incorp	oration/qualification:_	01/26/1987	Document num	ber:	P13007		_
5. The name and Florida Depart	street address of the cument of State:	irrent registered ager	nt and registered of	fice on file with	the A	,	
	CT C	CORPORATIO	N SYSTEM		APT LAH	T	
1200 S. PINE ISLAND ROAD							
		PLANTATION F	L 33324		F		
6. The name and (if changed):	street address of the ne	ew registered agent (if changed) and /or	registered office	2: 42 STATE LORIDA	•	
		NRAI Service	es, Inc.				
2731 Executive Park Drive, Suite 4							
(P.O. Box NOT acceptable)							
		Weston, FL	33331				- T
The street addre	ss of its registered offi be identical.	ice and the street ad	dress of the busine	ess office of its	registered ag	ent,	
Such change wa authorized by th	s authorized by resolu e board, or the corpor	ition duly adopted bation has been notif	y its board of dire ied in writing of ti	ctors or by an o	fficer so		
Timothy	7. John		Timothy F.	You ker Se	cretary 1	Treasur	101
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as re o comply with the pro d I am familiar with a ng filed merely to refle been notified in writi	gistered agent and i visions of all statute nd accept the obliga ect a change in the r ng of this change.	agree to act in this	capacity.	lete perform	ance	
Melody 7	nature of Registered Agent)	Sucretary	3-32	D-04 (Date)	· 		
	half of an entity:						
	eman, Assistant So	ecretary	,	· · ·		-	٠
1,4	There are received traction						

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