

B93000000259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

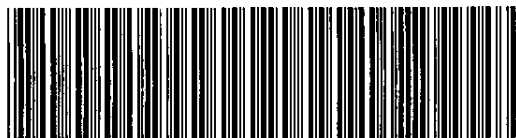
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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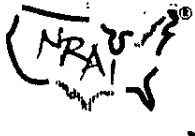
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG -1 2011

EXAMINER



**NRAI
CORPORATE
SERVICES**
Formerly Premier Corporate Services, Inc.

July 26, 2011

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: R.D. Olson Construction, L.P., Limited Partnership

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Joelle Churik
Client Specialist

jchurik@nrai.com

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.D. OLSON CONSTRUCTION, L.P., LIMITED PARTNER
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B93000000259

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOELLE CHURIK

Contact Person

NRAI CORPORATE SERVICES, INC.

Firm/Company

200 WEST ADAMS STREET, SUITE 2007

Address

CHICAGO, IL 60606

City, State and Zip Code

bweir@rdolson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOELLE CHURIK

Name of Contact Person

at (312)

346-3606

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. R.D. OLSON CONSTRUCTION, L.P., LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/11/1993
Date of filing/registration in Florida

3. B93000000259
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM

*RESIGNED

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.

Name

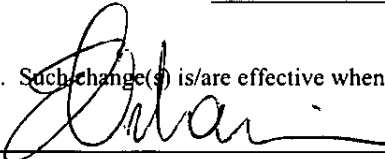
515 East Park Avenue

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

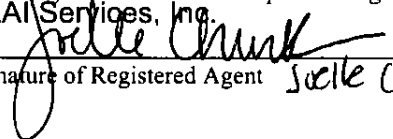

Signature of General Partner

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 obligations of my position as registered agent.

NRAI Services, Inc.

by:

Signature of Registered Agent

 Soete Churik, Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA