

**LD10000019230**

\_\_\_\_\_  
(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:

**1 JUL '29 2013**

**L. SELLERS**

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**FILED**

**13 JUL 25 PM 3:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 23, 2013

Order#: 719357/052

Re: SERVICE NET SOLUTIONS OF FLORIDA LLC

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Return Regular Mail in the enclosed envelope.

Attn:Evelyn Wright  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: SERVICE NET SOLUTIONS OF FLORIDA LLC

2. (a) Principal office address of limited liability company: 650 Missouri Avenue  
(Note: **MUST BE STREET ADDRESS**) Jeffersonville, IN 47130

(b) Mailing address of limited liability company: 650 Missouri Avenue  
(Note: **MAY BE POST OFFICE BOX**) Jeffersonville, IN 47130

11/07/2001 L01000019230

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Timothy J. Meenan

Registered Office Address: Blank, Meenan & Smith, P.A.  
204 South Monroe Street  
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Corporation Service Company

**NEW** Registered Office Address: 1201 Hays Street  
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Tanya Kent - Authorized Person  
Printed or typed name of signee

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.*

By: [Signature]  
Signature of Registered Agent

Corporation Service Company Grace E. Kirby, Assistant

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

FILING FEE: \$25.00

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JUL 25 PM 3:22  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA