## M04000004184

(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:							

Office Use Only



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SECRETARY OF STATE

TO ACKNOVILEDSE SUFFICIENCY OF FILING



OR SERVICE COMPANY.								
	ACCOUNT NO.	:	0721000000	32				
	REFERENCE	:	728968	7443861				
	AUTHORIZATION	2	W. Kar	I and	,			
	COST LIMIT	:	\$ 25 00	enan				
ORDER DATE : J	anuary 25, 2007 9:51 AM				OT FEB T	7		
ORDER NO. : 7	28968-115				PSS P	$m_{\tilde{l}}$		
CUSTOMER NO:	7443861		. · · · · ·		0F 51	0		
CHANGE OF AGENT								
NAME:	NATIONAL LINK	, L	.L.C.					
CERTIFI	HE FOLLOWING AS ED COPY TAMPED COPY	PRO	OOF OF FILIT	ng:	 			
CONTACT PERSON:	Heather Chapma	in						
	EXA	IIM	NER'S INITIA	ALS:				

## 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. The name of the limite	d liability company	is: NATION	AL LINK, L.L.C.	<u> </u>		
2. The mailing address of	the limited liability	company is	:			
4000 Industrial Blvd., Aliquip	pa, PA 15001					
09/29/2004			M04000004184			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the registe Florida Department of S	red agent and the reg	gistered offic	e address as shown	on the records of the		
		Don Whalen				
		Name				
	109	West Rich Av	епие			
Address For S						
		eland, FL 3272 y, State and		一层 田 刊		
		•	•	哲中二		
6. The name and address of	of the new registered	agent and/o	r office:	SSE ST		
	Согрога	tion Service Co	ompany	The Political Po		
		Name				
		01 Hays Street		AP 5		
	Florida street addre	ess (P.O. Box	x NOT acceptable)	OF,		
·	Tallahassee	FL	32301			
	City	, State and Z	ip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreement.	lange or changes are the registered agent eby confirmed that the lited liability compart of the limited liability	made, the F will be ident he change(s) ny or as othe lity company	lorida street address	of the registered office		
(Signature of a member or authori	zed representative of a mer	nber)	- ,, ·			
Peter J. Krysik. Vi	ce President of	National C	ity Partnership	Solutions, Inc., Member		
(Printed or typed name of signee)				<i>.</i>		
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm (Signature of Registered Agent)	ntment as registered s of all statutes related accept the obligation is being that the limited liable	agent and a ive to the pro ons of my po g filed to me lity company	gree to act in this coper and complete p sition as registered of rely reflect a change has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in a in the registered office my writing of this change.		
(Signature of Registered Agent)  Flizabeth A Dawson Aget V	ice President					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00