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To:

Division of Corporations

· (850)617-6380 Fax Number

L. SELLERS

MAY 29 2008

From:

Account Name

: US CORPWORKS INC.

Account Number : 120070000066

Phone

: (303)393-8800

Fax Number

; (303)393-8900

EXAMINER

REGISTERED AGENT CHANGE

CITADEL INSURANCE SERVICES LLC

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Corporate Filing Menu

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

liability company submits the following statement agent, or both, in the State of Florida.	608.508, Florida Statutes, the undersigned limited in order to change its registered office or registered	
1. The name of the limited liability company is: CI	tadel Insurance Services LLC	
2. The mailing address of the limited liability comp	eany is:	
12159 S Business Park Dr., Suite 120 Draper, Utah 844	020 <u></u>	
4/3/2007	M07000001951	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registere Florida Department of State:	ed office address as shown on the records of the	
Corporation Service Comp		
•	gine	
1201 Hays Street	dress	
Tallehassee, FL 32301		
Caty, Ste	ite and Zip	
6. The name and address of the new registered agen	at and/or office:	
NRAI Services, Inc.		
National Park Park		
2731 Executive Park Orive.	P.O. Box NOT acceptable)	
, y totter proper or methodo (1	(V), 2011 2.00 1 2000 100 100 100 100 100 100 100 10	
	7L 33331	
City, Stat	e and Zip	
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability company or	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization	
(Signature of a member of mithorized representative of a member)		
Anthorty Eardley (Printed or typed name of signes)	- 	
Che MC Calor A	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in the to merely reflect a change in the registered office company has been notified in writing of this change.	
(Signature of Registered Agent) Char McAdow, Asst. Secretary	B COME Tellebores BY 22214 D	
Division of Corporations, P.O. Box 0327, 181141188888, P.L. 32314		
INHS18 (8/05)	FLORIE F	

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