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SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
	LS Services, LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Dang Nguyen	SECTION TALLY
Name of Person	SECRETARY OF STATE ALLAHASSEE, FLORID
 NRAI Corporate Services, In 	<u>c. </u>
Firm/Company	
2875 Michelle Drive, Suite 10	
Irvine, CA 92606	
City/State and Zip Code	
E-mail address: (to be used for future annual report notice for further information concerning this matter.)	
Dang Nguyen	at (949) 955-9585
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followin	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

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.

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Name of the limited liability company:	ILS Services, LLC
2. (a) Principal office address of limited liability comp	any:
(Note: MUST BE STREET ADDRESS)	3220 Tillman Drive, Suite 301 Bensalem, PA 19020
(b) Mailing address of limited liability company:	·
(Note: MAY BE POST OFFICE BOX)	3220 Tillman Drive, Suite 301 Bensalem, PA 19020
5/14/2008	M08000002275
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:	Corporation Service Company
Registered Office Address:	1201 Hays Street
 (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: 	NRAI Services, Inc. 515 East Park Avenue
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee, ,FL32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company.	e Florida street address of the registered office
Signature of a member or authorized representative of a member Chehan Patel Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. d, Assistant Secretary