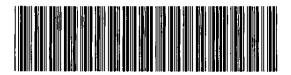
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
		
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Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		

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B. KOHR

MAR 1 4 2011

EXAMINER

....



ACCOUNT NO. : I2000000195

REFERENCE: 706645 7734380

AUTHORIZATION

COST LIMIT

ORDER DATE: March 14, 2011

ORDER TIME : 11:24 AM

ORDER NO. : 706645-018

CUSTOMER NO: 7734380

CHANGE OF AGENT

NAME: LINEN SOURCE ACQUISITION LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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.

	2
1. Name of the limited liability company: LINE	EN SOURCE ACQUISITION LLC
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	EN SOURCE ACQUISITION LLC company: 30 Tozer Road, Beverly, MA 0191
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	•
03/02/2010	M1000000958
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and	· · · · · · · · · · · · · · · · · · ·
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRE	Tallahassee ,FL 32301
that after the change or changes are made, the Flor office of the registered agent will be identical. Or,	nder the laws of the State of Florida, it is hereby confirmed ida street address of the registered office and the business in the case of a Florida limited liability company, it is norized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, effect a change in the registered office address, I hereby i notified in writing of this change. VP

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