Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Corporate Filing Menu

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5/13/2014

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. N	ame of the limited liability company: Aclam Technolo	gice LLC	·
2. (a)		<u>.</u> (b)	
(-)	Principal office address of limited liability company: (Note: MUST RESTREET ADDRESS)	(W	Mailing address of limited flability company: (Note: MAY BE POST OFFICE BOX)
	99000A Clayton Road, St. Lovis, MO 63124	 -	
		· .	
	02/14/2012		112000000867
3.	Date of filing/registration in Florida	4,	Document number
5. (a)		•	
	Registered Agest and Registered Office abown on the records of Corporation Service Company	the Plorido I	Dept. of State;
	Regimered Office Address (MUST BE FLORIDA STREET) 1203 Hays Street	ADDRESS	
	Tallabassee . FI	32301-252	5
~ .	C T Corporation System		
(ъ)	Enter name of NEW Resistered Agent and/or NEW Resistered	Office addr	en:
			•
	NEW Registered Office Address:		
	1200 South Pire Island Road		- - -
	Plantation Pr	33324	•
he cha gant v vna/wi he arti Signal rovisi he obi o merci	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited his are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the wave of a member or authorized representative of a member of a member or authorized representative of a member of a complete the proper and complete ignifications of my position as registered agent as provide in the proper and complete in the registered agent as provide in the registered of the galders. It is mention of this change. Special Assistantics of the formula of the formula special assistantics.	the registe ebility come the limited lie limited lie Ryne Ve te to act is performent for in Chiefe to an interest con inte	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. NAME OF Printed or typed same of signee as Gorp, CFO as Secretary of Meter Resdings Holding, LLC, as this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acceptance of the company has been described in that the limited liability company has been

Division of Corporationse P.O. Box 6327e Tallahessee, FL 32314 FILING FEE: \$25.00

INHS(\$ (2/14)