830239

, (Re	equestor's Name)			
•				
. (Ad	(Address)			
(Ad	ldress)			
		•		
(Cit	ty/State/Zip/Phone	e #N		
(,	,		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(-	··-,		
(LC	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
,	3			

Office Use Only



07/30/07--01033--014 **35.00

lis le



May 24, 2007

Division of Corporations
Florida Department of State
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314

RE: C.A. Muer Corporation

Dear Filing Officer:

Please file the attached change of agent form for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Tanya Dietrich

Senior Corporate Specialist

Encl.

COVER LETTER

TO: Amendment Section Division of Corporations			
C. A. Muar Carparation			
SUBJECT: C. A. Muer Corporation (Name of Corporation	on)		
920220			
DOCUMENT NUMBER: 830239			
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Tamora Diatriale			
Tanya Dietrich (Name of Contact Pers	con		
(Name of Contact Pers	son)		
National Corporate Services,	LLC		
(Firm/Company)			
16055 Space Center Blvd., Suite 235			
(Address)			
Houston, TX 77062 (City/State and Zip Code)			
•	ode)		
For further information concerning this matter, please call:			
Tanya Dietrichat (8	00) 862-5438		
(Name of Contact Person) (A	00) 862-5438 Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of	State.		
Mailing Address: Amendment Section	Street Address:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the co	rporation:	C. A. Muer Corporation	
	e address: 1510 West Loop Sout		
3. The mailing addres	s (if different):		
4. Date of incorporation	on/qualification: 06/11/1973	Document number: 830239	
5. The name and stree Florida Department		gent and registered office on file with the	
<u>C</u>	T Corporation System	TASE SET	
12	1200 South Pine Island Road		
Pla	antation, FL 33324	SSEE	
6. The name and stree (if changed):	et address of the new registered ager	ad TALLAHASSEE, FLORIS at (if changed) and /or registered office	
NF	RAI Services, Inc.		
_27	31 Executive Park Drive,		
W	(P.O. Box NOT acceptable eston, FL 33331		
The street address of as changed will be id	its registered office and the street lentical.	address of the business office of its registered agent,	
Such change was aut authorized by the box	thorized by resolution duly adopte ard, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
(Signature of a	10 BOLL nomicer of director)	Denise Bell, Vice President (Printed or typed name and title)	
I hereby accept the a I further agree to coi of my duties/ and I a document is being fil corporation has been	appointment as registered agent an imply with the provisions of all stat in familiar with and accept the obl led merely to reflect a change in th in notified in writing of this change	nd agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the	
_ Units /	Ham	7/25/07	
(of Registered Agent)	(Date)	
If signing on behalf of	or an entity:		

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)