

M07000002930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

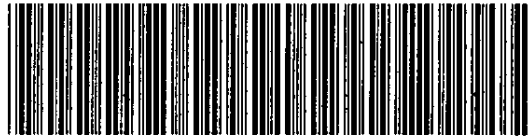
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/25/08--01047--002 **25.00

FILED
08 AUG 25 AM 11:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 26 2008



August 20, 2008

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Muniservices LLC

Dear Sir or Madam:

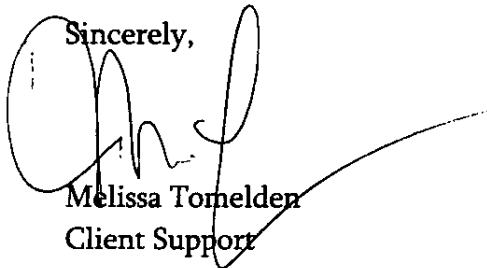
Enclosed please find the Certificate of Change of Registered Agent for the above named entity.

I have enclosed a check in the amount of \$25 to cover the filing fee. Please send back the filed evidence in the enclosed envelope to the address below.

USRA
c/o Melissa Tomelden
101 Main Street, Suite One
Tappan, NY 10983

If you should have any questions, or if I can assist in any way, please do not hesitate to call at 1.888.664.6263 ext. 14

Sincerely,



Melissa Tomelden
Client Support

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUNISERVICES, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Tomelden
(Name of Person)

US Registered Agents, Inc.
(Firm/Company)

101 Main Street, Suite One
(Address)

Tappan, NY 10983
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Tomelden at (845) 398-0900 ext. 14
(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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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.

1. Name of the limited liability company: MUNISERVICES, LLC

2. (a) Principal office address of limited liability company: 120 Corporate Boulevard
(Note: **MUST BE STREET ADDRESS**) Norfolk, Virginia 23502

(b) Mailing address of limited liability company: 140 Corporate Boulevard
(Note: **MAY BE POST OFFICE BOX**) Norfolk, Virginia 23502

05/16/2007

3. Date of filing/registration in Florida

M07000002930

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CT CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2731 Executive Park Drive, Suite 4,

Weston, FL 33331

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Judith Scott

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Melissa Tompkins, Assn. Sec'y of NRAI Services

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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