F10000005459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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F10-5459
stmt chg RA/RD

02/22/16--01006--004 **25.00

03/30/16--01005--008 **10.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2016

NICOLAS SIHA
LEGALINC CORPORATE SERVICES INC.
17350 STATE HIGHWAY 249
HOUSTON, TX

SUBJECT: ASSEMBLERS, INC.
Ref. Number: F10000005459

We have received your document for ASSEMBLERS, INC. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form used was for an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 516A00003789

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** ASSEMBLERS, INC.
Name of Corporation

**DOCUMENT NUMBER:** F10000005459

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLAS SIHA
Name of Contact Person

LEGALINC CORPORATE SERVICES INC.
Firm/Company

17350 STATE HIGHWAY 249
Address

HOUSTON, TX 77064
City/State and Zip Code

SUPPORT@LEGALINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS SIHA at (713) 478.1040
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

**Mailing Address:**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:**
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of* FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ASSEMBLERS, INC.

2. The principal office address: 7155 LEE HWY SUITE 200
CHATTANOOGA, TN 37421

3. The mailing address (if different): PO BOX 23592
CHATTANOOGA, TN 37422

4. Date of incorporation/qualification: 12/14/2010 Document number: F10000005459

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

USA-RA LLC

841 PRUDENTIAL DR 12TH FLR

JACKSONVILLE, FL 32207

16 MAR 30 AM 10:46

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS, SUITE 400

P.O. Box NOT acceptable

FORT MYERS, FL 33907

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Nich SIH
Signature of an officer or director

NICOLAS SIHA
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Nich SIH
Signature of Registered Agent

3/16/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)