P99000001214

NRAI Corprate Sovins (Requestor's Name)					
700 West Adams St.					
Suite 2005 (Address)					
Chicago II. (60600) (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600215091576

12/12/11--01042--002 **35.00

2011 DEC 12 AH 10: 15
SECRETARY DESTATE

J. SAULSBERRY EXAMINER DEC 14 2011



December 5, 2011

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

Re:

U.S. Fluid Tech Corp.

W.E. Frank Family Limited Partnership

2011 DEC 12 AH 10: X5
SEGRETARY OF STATE
TALL AHARSEF FLORIDA

A STATE OF THE STA

Dear Sir or Madam:

Enclosed are the forms, in duplicate, necessary to change the registered agent and registered office for the above captioned entities, together with checks for the required filing fees.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please do not hesitate to contact me at lightholder@nrai.com or at the number listed below.

Thank you.

Best Regards,

Laura L. Lightholder

enclosures

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

ı W.E	FRANK FAMILY LI	MITED PA	ARTNERS	HIP
Na	ne of Limited Partnership or Lim	ited Liability Lir	mited Partnership	p
20	. 07/26/1999		A990000	01214
Date of filing/registration in Florida		-	Florida documer	nt number
4. The name of the re Department of State:	gistered agent and the registered o	office address as	shown on the re	cords of the Florida
	NAPLES-LAWDOCK, INC. C/C	QUARLES &	BRADY LLP	
	Nam	e		į
	1395 PANTHER LA	ANE, SUITE	300	
	Addre	ess		
	NAPLES, FL 3	34109-7874		20 TAI
	City, State	and Zip		
5. The name and Flor	ida street address of the new regis	stered agent and/	or office:	2011 DEC 12 SEGRUTARY ALLAHASSE
	NRAI SERVI	CES, INC.		FMM3
	Nam	e		F.S. A
	515 EAST PAR	RK AVENUE		SE SE
	Florida street address (P.C	D. Box not accep	table)	\$ 5
	TALLAHASSEE	FL_	32301	
	City, State	and Zip		
i. Such change(s) is/s (Vauca	re effective when filed by the Flo	rida Department	t of State.	
Signature of General I	Partner			
comply with the provisiond I am familiar with NRAI Services Inc.	pointment as registered agent and sions of all statutes relative to the an accept the obligations of my particles of the defendance of the Agent Laura Lightholder, Assistant to	proper and com position as regist	plete performan	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	. FRANK FAMILY LIM me of Limited Partnership or Limited			IIP	
•		Liability	•		
<u></u>	7/26/1999	3	A9900000		
Date of filing	registration in Florida		Florida document	number	
4. The name of the reportment of State:	gistered agent and the registered office	ce address a	as shown on the reco	rds of the Florida	
	NAPLES-LAWDOCK, INC. C/O Q	UARLES &	& BRADY LLP		
	Name		•		
	1395 PANTHER LAN	E, SUITI	E 300	,	
	Address				
	NAPLES, FL 341	09-7874	1	7A 20	
	City, State and	Zip		LAN III	
5. The name and Flori	da street address of the new registere	ed agent and	d/or office:	EC I	
	NRAI SERVICE	S, INC.		Tro 1	
	Name			FS	
	515 EAST PARK	AVENU	=	ORID ORID	:
•	Florida street address (P.O. B	ox not acce	eptable)	- O1	
	TALLAHASSEE	FI	32301		
_	City, State and	Zip			
6. Such change(s) is/a	re effective when filed by the Florida	. Departme	nt of State.		
Signature of General P	artner				
hereby accept the app comply with the provisi and I am familiar with NRAI Services, Inc.	pointment as registered agent and agent of all statutes relative to the profian accept the obligations of my positions. Assistant Secretary	per and contion as regi	mplete performance	ther agree to of my duties,	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50