| (Re | equestor's Name) | |
|---|--------------------|-------------|
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF SHATE ON SHATE CONFORMEDKS

C. LEWIS

JAN 2 2013

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 476583

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: December 28, 2012

ORDER TIME : 3:36 PM

ORDER NO. : 476583-016

CUSTOMER NO: 7906978

CHANGE OF AGENT

NAME: ROADSAFE TRAFFIC, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:



2012 DEC 31 AM 9: 54

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.

| 1ROADSAFE T | | | | |
|--|---|--|--|--|
| Name of Limited Partnership or Limited | ited Liability Lin | nited Partnership | | |
| 2. 12/11/2002 | 3. | B02000000407 | | |
| Date of filing/registration in Florida | | Florida document number | | |
| 4. The name of the registered agent and the registered of Department of State: | office address as | shown on the records of the Florid | | |
| NRAI Servi | ces, Inc. | | | |
| Name | | | | |
| 515 E. Park Avenue | | | | |
| Address | | | | |
| Tallahassee, FL 32301 | | | | |
| City, State and Zip | | | | |
| 5. The name and Florida street address of the new regis | tered agent and/o | or office: | | |
| Corporation Service Company | | | | |
| Name | е | | | |
| 1201 Hays | Street | | | |
| Florida street address (P.O. Box not acceptable) | | | | |
| Tallahassee | FL | 32301 | | |
| City, State a | | | | |
| 6. Such change(s) is/are effective when filed by the Flor | leff | | | |
| Signature of General Partner Maureen Cathell on Behalf of Roadsafe Service | l, Muthori s, LLC, G | zed Person .P. | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with an accept the obligations of my p Corporation Service Company | l agree to act in t proper and comp position as registe | his capacity. I further agree to olete performance of my duties, ered agent, | | |
| Signature of Registered Apolit Sylvia Queppe | t, Asst. \ | J P | | |
| Filing Fee: \$35.00 | | | | |
| Certified Copy (optional): \$52.50 | | | | |