

B04000000 140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

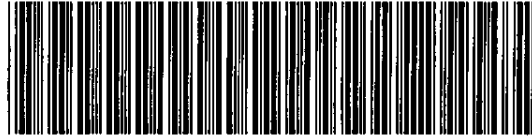
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Schaller Automation LP

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B04000000140

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

Please return all correspondence concerning this matter to:

Simone von Werden Kraus

(Contact Person)

Smith, Gambrell & Russell

(Firm/Company)

1230 Peachtree Street Suite 3100

(Address)

Atlanta, GA 30309

(City, State and Zip Code)

For further information concerning this matter, please call:

Simone Kraus

(Name of Contact Person)

at (404) 815-3677

(Area Code and Daytime Telephone Number)

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

1. Schaller Automation LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 4-6-04

Date of filing/registration in Florida

3. B04000000140

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Helmuth Uebel

Name

2701 NW 2nd Avenue Suite 104

Florida street address (P.O. Box not acceptable)

Boca Raton

FL 33431

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

Helmuth Uebel
Corporate Secretary of S.P.

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.

Helmuth Uebel

by:

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA