B0700000345

_		
Premier Co 200 Wes	Orporate Requestor's Name)	Sevuico I
200 Wes	+ Adan	15 St.
Ste 20	207	
. (A	ddress)	
Chicag	o, IL.	6060b
(C	ity/State/Zip/Phone	∍#)
PICK-UP	WAIT	MAIL
(E	Business Entity Nar	ne)
(Ē	ocument Number)	
Certified Copies	Certificates	s of Status
•		
Special Instructions to	o Filing Officer:	
1		
	<u></u>	
	Office Lise On	dv



500156044785

06/04/09--01028--027 **35.00

O9 JUN -L AM II: OI
SECRETARY OF STATE
SECRETARY OF STATE

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.		OSG America L.P.					
	Name of Limited	Partnership or Lir	nited Liabil	ity Limi	ted Partnersl	nip	
2.	November 15, 2	007	3		B07000	000345	
	Date of filing/registration is	gistration in Florida Florida doc		orida docum	iment number		
	The name of the registered agent epartment of State:	and the registered	office addr	ess as sl	nown on the	records of the Florida	
		CT Corpora	tion Syste	em			
		Nai	me	•	- -	=	
	1	1200 South Pine Island Road				ALI ALI	
		Add	ress			ARE	
		Plantation,	FL 3332	4		AS	
		City, State and Zip				SEE	
5.	The name and Florida street addr	ess of the new reg	istered agen	t and/or	office:	FLC	
		NRAI Sen	vices, Inc			<u> </u>	
	·	Na	me) A F	
	273	1 Executive P	ark Drive	, Suite	4		
	Florid	Florida street address (P.O. Box not acceptable)					
		Weston		FL	33331		
		City, Stat	e and Zip				
6. Si	Such change(s) is/are effective work of America 1/P By and the such as a suc	10	lorida Depa Ca LLC,	rtment o	of State. General	Partner	
Ġ,	ame: James I. Edels Itle: Secretary hereby accept the appointment as		nd agree to	act in th	nis capacity.	I further agree to	
co	emply with the provisions of all st	itutes relative to th	he proper an	id comp	lete perform	ance of my duties,	
	nd I am familiar with an accept the	e obligations of my	y position as	registe	red agent.		
_	Jan Jahur	<u> </u>					
Si	gnature of Registered Agent Lau	ura Lightholder,	Assistant	Secreta	ary		
F	iling Fee:	\$35.00					
	ertified Copy (optional):	\$52.50					