

B970000000011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

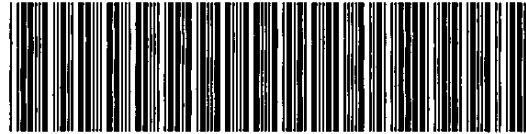
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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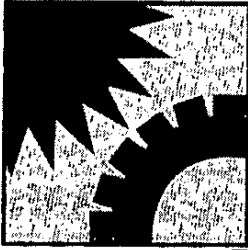


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06 SEP 13 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 14 2006



**US CorpWorks Inc.**

23 Butler Avenue

Maynard, MA 01754

[www.uscorpworks.com](http://www.uscorpworks.com)

Phone: 888.967.5799 Fax: 978.897.5905

August 13, 2006

**Via US Mail**

Division of Corporations

Florida Department of State

2661 Executive Center Circle West

Tallahassee, FL 32301

Re: A & S Building Systems, L.P.

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

**Change of Registered Agent**

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, reading "Sabrina Tillapaugh". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Sabrina Tillapaugh

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A & S Building Systems, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** B9700000011

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:

Sabrina Tillapaugh

(Contact Person)

US CorpWorks Inc.

(Firm/Company)

23 Butler Avenue

(Address)

Maynard, MA 01754

(City, State and Zip Code)

For further information concerning this matter, please call:

Sabrina Tillapaugh

(Name of Contact Person)

at ( 888 ) 967.5799

(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

INHS04 (01/06)

**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. A & S Building Systems, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/07/1997

Date of filing/registration in Florida

3. B9700000011

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:

Capitol Corporate Services, Inc.

Name

1333 North Duval Street

Address

Tallahassee, FL 32303

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

City, State and Zip

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

[Signature]  
Signature of General Partner

*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.*

NRAI Services, Inc.

by [Signature]  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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06 SEP 13 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA