

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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November 6, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AUGER SERVICES, INC. 524 W HWY 30 GONZALES, LA 70737

SUBJECT: AUGER SERVICES, INC.

REF: F01000000066

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The above entity is a corporation and the form submitted is for a limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H12000264476 Letter Number: 512A00026970

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BEFAUTHENT OF STATE
INVISION OF CERPORATION
TALLAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		502, 607.1508, or 617.1508, Florida Statutes, this ranized under the laws of the State of Louisisms		
		Istered agent, or both, in the State of Florida.		
I. The name of	the corporation: AUGER SERVICES, IN	NC.		
2. The principal office address: 524 W HWY 30, GONZALES, LA 70737				
3. The mailing				
4. Date of incor	poration/qualification: 01/05/2001	Document number: F0100000066		
	d street address of the current registered rtment of State: (If resigned, enter resigned.)	agent and registered office on file with the ned)		
	NRAI SERVICES, INC.			
	515 E. PARK AVENUE	ECC. TO		
•	TALLAHASSEE, FL 32301 US	ASS LE		
6. The name and (if changed):	d street address of the new registered ag	rent (if changed) and for registered office		
	C T Corporation System	ON CONTRACTOR OF		
	c/o C T Corporation System, 1200 South	Pine Island Road Tracceptable		
	Plantation, Plorida 33324	71 documents		
The street address changed will	ess of its registered office and the stree be identical.	address of the business office of its registered agent,		
Such change was authorized by th	s authorized by resolution duly adopte board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.		
Sember	le Baggett	Kimberly Baggett Proted or typed name and title		
I hereby accept I further agree i performance of agent. Or, if the		nd agree to act in this capacity twes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I		
By: OTC	ongonation Gystem	11/5/2012		
If signing on bel	half of an entity: Kristin Bolde			
	Assistant Secre	tary		
Typed or Printed Name				
	* * * FILING FI			
M/ CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FLO NIL TO: DIVISION OF CORPORATIONS, P	ORIDA DEPARTMENT OF STATE O. BOX 6327, TALLAHASSEB, FL 32314		

PL006 - 10/23/2012 Wolker Klower Caling