## F01000001657

(Requestor's Name)				
(Ad	dress)			
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	y/State/Zip/Phone			
(Cil	y/State/Zip/Pflore	9 #)		
PICK-UP	WAIT	MAIL		
(Ви	siness Entity Nar	ne)		
<b>\</b> =	<b>,</b>	··- <b>,</b>		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

то:	O: Amendment Section Division of Corporations					
SUBJECT: ARCO/Murray Corporate Services, Inc.  (Name of Corporation)						
DOCU	DOCUMENT NUMBER: F01000001657					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	S. Emerick (Name of Cont	act Person)				
National Corporate Services, Inc.						
	(Firm/Con	npany)				
2 Club Centre Court, Suite 5 (Address)						
	(.100.1					
	Edwardsville, IL 62025					
(City/State and Zip Code)						
For fur	ther information concerning this matter, please ca	11:				
	S. Emerick	at ( 618 ) 656-3791				
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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

statement of cha	ange is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida S ration organized under the laws of the State of _ ice or registered agent, or both, in the State of F	Delaware
1. The name of	the corporation:	ARCO/Murray Corporate Services	s, Inc.
2. The principal	office address: 1750 S. Bre	entwood Blvd., Suite 701, St. Louis, MO 6	53144
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 3/27/0	01 Document number: F0100	00001657
5. The name and		registered agent and registered office on file with	
	C T Corporation Sy	ystem	_
	1200 South Pine Is	sland Road	SAL SAL
	Plantation, FL 3332	24	NO FI
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered off	PILED PH 4: 15 06 NOV -7 PH 4: 15 SECRETARY OF STATE FALLAHASSEE, FLORID
	NRAI Services, Inc		_ STEET
	2731 Executive Pa		P
	Weston, FL 3333	NOT acceptable)	_
The street address changed will	ess of its registered office an be identical.	nd the street address of the business office of it	s registered agent,
Such change was	as authorized by resolution on the board, or the corporation	duly adopted by its board of directors or by an has been notified in writing of the change.	officer so
Othi (Signal)	urdot an officer or director)	Cathi J. Wall, Asst. Secreta	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as revister	red agent and agree to act in this capacity. as of all statutes relative to the proper and con cept the obligation of my position as registere. change in the registered office address, I herel	,
If signing on be	chalf of an entity:		

\* \* \* FILING FEE: \$35.00 \* \* \*

Sean L. Emerick, Asst. Secretary
(Typed or Printed Name)