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March 5, 2013

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Strand-Tech Martin, Inc..

Dear Sir or Madam:

Enclosed please the Statement of Change of Registered Office and Agent for Corporation application for the above mentioned. Also enclosed is the required \$35 filing fee.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Client Specialist

nnagel@nrai.com

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

statement oj	f change is submitted j	ions 607.0502, 617.050 for a corporation orga gistered office or regist	nized under the law	s of the State of Sou	ıth Carolina	
	e of the corporation:	Strand-Tech Martin,	ŭ			
2. The princ	rincipal office address: 258 Deming Way, Summerville, SC 29483					
3. The mail	ing address (if differer	nt):				
4. Date of in	ncorporation/qualifica	tion: 11/15/2007	Document n	umber: <u>F05000007</u> ;	392	
		the current registered a fresigned, enter resigned		i office on file with th	ie :	
	Jan Holcomb				ن ن	
	6782 Bob Kirkla	nd Road			13 M. 12	
	MacClenny, FL	32063			75	
6. The name (if change		the new registered age	nt (if changed) and	/or registered office	<u> </u>	
	NRA! Services,	Inc.				
	1200 Sou	th Pine Islan P.O. Box NOT	d Road Facceptable			
	Plantatio	on, FL 33324				
The street a as changed	nddress of its registere will be identical.	ed office and the street	address of the busi	iness office of its reg	istered agent,	
Such chang authorized	te was authorized by reby the board, or the or	resolution duly adopted proporation has been no	Faye Hutcherson		er so	
I further ag performanc agent, Of, hereby gonj	ree to comply with the	as registered agent an e provisions of all stat am familiar with and a ing filed merely to refl ion has been notified i	nd agree to act in the utes relative to the accept the obligation	nis capacity. proper and complete on of my position as i	egistered	
///	Signature of Registered Ag	gent	3/5/2	20/3 Date		
ν If signing o	n behalf of an entity:		' /			
Norine Na	agel-Asst. Secretary					
	Typed or Printed Name	T T T BEE AND ALL	ህን, ውንድ ለለ ቀ ኋ ኋ			
		* * * FILING FE	\Tr: ♪32'AA 。。			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314