

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

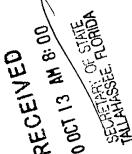
Phone : (850)222-1092

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	



REGISTERED AGENT CHANGE NATIONAL ELEVATOR INSPECTION SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

P. 10/2501

COVER LETTER

TO: Amendment Division of	Section Corporations	
SUBJECT:	NATIONAL ELEVATOR INS	PECTION SERVICES, IAC.
	Name of C	orporation
DOCUMENT NUM	IBER:F06	000006358
The enclosed Statem	ent of Change of Registered Office	Agent and fee are submitted for filing.
	espandence concerning this matter	
	Teri Tri	immer
-	Name of Cor	ntact Person
_	Bureau Ventas No	
_	Firm/Co	mpany
	11860 W S	ate Rd 84
_	Addi	CSS
	Ft. Lauderdale	•
_	City/State an	d Zip Code
	teri.trimmer@us.bu	reauveritas.com
E	-mail address: (to be used for fu	ture annual report notification)
For further information	on concerning this matter, please of	ali:
	Teri Trimmer	at ()
Name	of Contact Person	at (
Enclosed is a \$35.00	check made payable to the Departi	nent 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

CR2E045 (8/05)

TO:

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

statement of ch	ange is submitted fo	r a corporation organiza	607.1508, or 617.1508, Flori ed under the laws of the State ed agent, or both, in the State	of Delaware
			nspection services, I	
2. The principa		60 WEST STATE ROAD) 84, STE 1	
3. The mailing	address (if different)			
4. Date of incor	poration/qualification	on: 10/05/2006	Document number:	F06000006358
		ne current registered agen resigned, enter resigned)	nt and registered office on file	with the
	CORPORATIONS	SERVICE COMPANY		·
	1201 HAYS STRE	et tallahassee fl	32301-2525	A SE
				CAR
6. The name and (if changed):		ne new registered agent ((if changed) and /or registered	office SEE
	C T Corporation Sy	stem		
	c/o C T Corporation	n System, 1200 South Pin	e Island Road	
		P.O. Bax NOT ax		_ Z
	Plantation, Florida	33324		
			dress of the business office of	
Such change w anthorized by t	as authorized by re- he board, or the cor	solution duly adopted be poration has been notif	y its board of directors or by ied in writing of the change.	an officer so
War	man	libe	Madonna Cuddi	
I hereby accept I further agree of my duties, at document is be corporation ha			Minted or typed name a negree to act in this capacity, is relative to the proper and ation of my position as regist registered office address, I he	
By: VOLE	Corporation System WAA. OVER	Re	10-13-18	_
Si	gradure of Registered Agen	<u> </u>	Dute	
If signing on be	ehalf of un entity:	Barbara A. Burke Special Assistant Secreta	try	
1	Typed or Printed Numb			
		* * * FILING FEE:	: \$35.00 * * *	

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

FLUDS - 47/23/2009 C T System Oplan

CR2E045 (8/05)