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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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 CINTAS CORPORATE SERVICES, INC.

<u>тининининининий тинининининининининининий индининини</u>	annamananananananananananananananananan
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T. LEWIS

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Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Ohio cred agent, or both. in the State of Florida.	
1. The name of t	he corporation: CINTAS CORPORA	TE SERVICES, INC.	
	office address: 6800 Cintas Bouleva		
3. The mailing a	ddress (if different):		_
4. Date of incorp	poration/qualification: 06/01/2007		
	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with the	
	NRAI Services, Inc.	LL ECH	
	515 E. Park Avenue	HE H	
	Tallahassee, FL 32301	2013 JAN -3 PH SECRE MASSEE. F	
6. The name and (if changed):	I street address of the new registered age	و بن النشر ا	ì
	Corporation Service Company	יק	
	1201 Hays Street		
	P.O Box NOT Tallahassee, FL 32301	acceptable	
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change was	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Levi	Leever	Deb Reeves, Vice President	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	my auties, ana i am familiar with ana a	utes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I	
By: DO	WWYSer	December 28, 2012	
_	nature of Registered Agent half of an entity:	Date	
Grace E. Kir	by, Assistant VP		
	yped or Printed Name		

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