

Electronic Filing Cover Sheet

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To:

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Division of Corporations
Fax Number : (850)617-6380
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From:

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2009 @CT

Account Name	:	CORPORATION SERVICE COMPANY
Account Number	:	12000000195
Phone	:	(850) 521-1000
Fax Number	:	(850)558-1575

REGISTERED AGENT CHANGE

NATIONAL MAINTENANCE SYSTEMS INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Rhode Island _______ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NATIONAL MAINTENANCE SYSTEMS INC

2. The principal office address: 20 Dunnell Lane East, Box 11B, Pawtucket, RI 02860

3. The mailing address (if different):

4. Date of incorporation/qualification: <u>12/01/2008</u> Document number: F08000005100

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.

2731 Executive Park Dr., Suite 4

Weston, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box. NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cullen, Attorney In Fact

(Date)

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company By:

(Typed or Printed Name)

10/29/2009

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP

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

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

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