F9800001798

•					
(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Chury Name)					
(Document Number)					
Certified Copies Certificates of Status					
· -					
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



900184093929

08/11/10--01028--003 **35.00

2010 AUG 11 PH 1: 10
SECRETARY OF STATE

R.A.

TE

AUG 1 3 2010

Corporate Creations Chicago L.L.C. 1443 W. Belmont Ave. #C, Chicago, IL 60657

August 4, 2010

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle TALLAHASSEE, FL 32301

RE: United Road Services Inc.

To Whom It May Concern,

Please file the attached Statement of Change of Registered Agent for:

United Road Services Inc.

Please find a check for \$35 for the filing fees

Please return the filed documents to:

Brian Fons Corporate Creations 1443 W. Belmont Ave. #C Chicago, IL 60657

If you have any questions or concerns please do not hesitate to contact me by phone at 773-935-3920

Thank you!

Sincerely

Brian R. Fons President

brian.fons@corpcreations.com

COVER LETTER

TO: Amendment Division of	nt Section f Corporations					
SUBJECT:	United Road S	ervices, Inc. Corporation				
DOCUMENT NU	mber: F98	000001798				
The enclosed State	ment of Change of Registered Offic	ce/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	•	Ū				
	Briar	Fons				
Brian Fons Name of Contact Person						
Corporate Creations						
Firm/Company						
	1440 M. Dal					
		mont Ave. #C Iress				
	1141					
	Chicago	11 60657				
Chicago, IL 60657 City/State and Zip Code						
brian.fons@corpcreations.com						
E-mail address: (to be used for future annual report notification)						
F 6 4 : 6						
For further informa	tion concerning this matter, please	call:				
	Brian Fons	at (773) 935-3920 x308				
Nar	ne of Contact Person	at (773) 935-3920 x308 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 co	orporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of Delaware
1. The name of	the corporation: United	d Road Servic	es, Inc.	
	office address: 10701 MI 48174			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	3/30/1998	Document number:	F98000001798
	d street address of the cur rtment of State: (If resign		t and registered office on fi	ile with the
	CORPORATION S	SERVICE COMP	ANY	
	1201 HAYS STRE	ET		2010 J
	TALLAHASSEE FI	32301 US		AUG I
6. The name and (if changed):	d street address of the nev	w registered agent (i	f changed) and /or registere	
	Corporate Creation	ns Network Inc.		TATE ORID
	11380 Prosperity F			——————————————————————————————————————
	Palm Beach Garde	P.O. Box NOT acc ens, FL 33410	eptable	
The street address changed will	ess of its registered office be identical.	e and the street add	ress of the business office	e of its registered agent,
Such change wa authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	its board of directors or ed in writing of the chang	by an officer so e.
Signatu	re of an officer or director		Eric Mike	e and title
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec s been notified in writin	istered agent and a isions of all statutes d accept the obliga tt a change in the re g of this change.	gree to act in this capacit i relative to the proper an tion of my position as reg egistered office address, I	y d complete performance istered agent. Or, if this hereby confirm that the
			7/31/2010	
_	gnature of Registered Agent		Date	
If signing on be	chalf of an entity:			
	rian R. Fons, V.P. yped or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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