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Office Use Only

UMENT NUMBER(S)	, (if known):
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1(Corporation Name) 2(Corporation Name) 3(Corporation Name)	(Document #) (Document #)	FILED 02 SEP -9 M 9: 24 SECHELARY OF STATE TALLAHASSEE, FLORIDA
4	Photocopy AMENDMENTS Amendment Resignation of R.A., O Change of Registered A Dissolution/Withdrawa Merger REGISTRATION/QUAL Foreign Limited Partnership Reinstatement Trademark	Agent al
	Other	Examiner's Initials

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

 , ,	**	
1. The name of the limited liability company is:	Rigler Reporting	Service, LLC
2. The mailing address of the limited liability co		
		•
-Valrico, Florida 33594	= .	
February 21, 2001	L01000002	700
3. Date of filing/registration in Florida	4. Document num	iber
	office address as shown o	n the records of the
5. The name of the registered agent and the registered agent age	Greed office address as shown of	
	Utrera, P.A.	
Spreger o	Name	-4. O
343 Almeri	a Avenue	S
1.1	Address 33134	2 8 元
Coral Gabl	Address Les, Florida 33134	25 - E
City	, State and Zip	-9 M
6. The name and address of the new registered a	igent and/or office:	F-01 -
Alleta A.	Rigler	9: 3
	Name wood Place	DA 24
		- ;
Florida street addre	ss (P.O. Box NOT acceptable)	
Valrico,	FL 33594	
City,	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent v liability company, it is hereby confirmed that the members of the limited liability company of the operating agreement of the limited liability	made, the i forten succe during	C. Ti-wide limeited
Alleta A. Rigler		epis.
(Signature of a member or authorized representative of a mem	ber)	
ALLETA A. RIGLER (Printed or typed name of signee)		= _y
I hereby accept the appointment as registered comply with the provisions of all statutes relationed I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabit (Signature of Registered Agent)	agent and agree to act in this ca ve to the proper and complete p ons of my position as registered of filed to merely reflect a change lity company has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in 2 in the registered office n writing of this change.
, -	P.O. Box 6327, Tallahassee, FI	L 32314
Division of Corporations,		

FILING FEE: \$25.00

INHS18(10/99)