

L02000000/658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

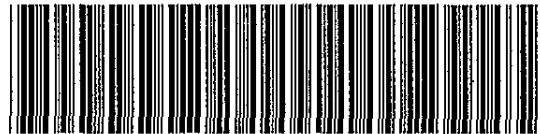
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200043392462

12/29/04--01051--018 **25.00

FILED
2004 DEC 20 PM 1:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEC 29 2004



NATIONAL SERVICE INFORMATION, INC.
www.nsii.net

FILED
2004 DEC 20 PM 1:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 15, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118

Sincerely,

Traci Smith
Corporate Services Manager

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.

Decatur, Indiana 46733

3. Date of filing/registration in Florida _____ 4. Document number _____

City, State and Zip

City, State and Zip

James G. Gough Attorney for Company
(Signature of a member or authorized representative of a member)

Deanne E. Longworth
(Printed or typed name of signer)

NEAI Services, Inc.
David Smith, Assistant Secretary
 (Signature of Registered Agent)

FILING FEE: \$25.00