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# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

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Account Name : HARPER, KYNES, GELLER & BUFORD

Account Number : 070651000745 Phone : (727)799-4840 Fax Number : (727)797-8206

## REGISTERED AGENT CHANGE

NCH RE-LO, LLC

Certificate of Status	0
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### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rursuant 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:NCH RE-LO, LLC -
2. The mailing address of the limited liability company is:
4023 Tampa Road. Suite 2800. Oldsmar, Ft. 34677
September 25, 2002 L02000025154
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Pierre M. Vogelbacher
Name 2560 Gulf to Bay Blvd., Suite 300
Address Clearwater, FL 33765
City, State and Zip
6. The name and address of the new registered agent and/or office:
Kennethick. Emery  Name  4023 Tampa Road, Suite 2800  Florida street address (P.O. Box NOT acceptable)
Name 2 355
4023 Tampa Road, Suite 2800  Florida street address (P.O. Box NOT acceptable)
TO PORT
Oldsmar, FL 34677
City, State and Zip  If the limited liability company is not organized under the laws of the State of Florida, it is hereby
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member of authorized representative of authoriber)
Kenneth R. Emery
(Printed or typed name of signee)
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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liberally company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
masi8(10/99) FILING FEE: \$25.00