L0300019139

| (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 Fili- |
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Office Use Only



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C. LEWIS

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EXAM!NER

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.

| Name of the limited liability company: | INTERHERMANAS, L.L.C. | |
|--|---|--|
| 2. (a) Principal office address of limited liability compa | any: 1200 Eighth Avenue | |
| (Note: MUST BE STREET ADDRESS) | Houghton, MI 49931 | |
| (b) Mailing address of limited liability company: | 13260 Spencer Road | |
| (Note: MAY BE POST OFFICE BOX) | Hemlock, MI 48626 | |
| 05.22.2003 | L03000019136 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown of | on the records of the Florida Dept. A state: | |
| Registered Agent: | William N. DeVane, Jr. | |
| Registered Office Address: | First Professional Centre 5701 Overseas Highway, Suite 12 Marathon, FL 33050 | |
| (b) Enter name of NEW Registered Agent and/or N | EW Registered Office address: | |
| NEW Registered Agent: | James J. Dorl | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | First Professional Centre 5701 Overseas Highway, Suite 12 Marathon, ,FL 33050 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as office of the operating agreement of the limited liability company. Signature of a member or authorized representative of member | e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote | |
| Colleen May | | |
| Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am families with and accept the obligations of my Chapter 608 165. Or, if this document is being filed to had ress, I wereby confirm that the limited liability compositions of the limited liability composition. | d agree to act in this capacity. I further agree to proper and complete performance of my dutics, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. | |
| Signature of Register co/Agent | (205 T. II.) EL 22211 | |
| / Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 | | |