104000001223

(Requestor's Name)	
(Address)	
(Address)	
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(City/State/Zip/Phone #)	
(City/State/Zip/Priorie #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
(Document Number)	
Certified CopiesCertificates of Star	tus
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MADISON ARMORED (Name of	CAR, LLC Limited Liabili	ty Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change	and fee(s) are submitte	ed for filing.
Please return all correspondence concerning	g this matter to	the following:	
CINDY GROOMS (Name of Person)			
MADISON ARMORED CAR, LL	_C	- ··· .	· -
826 3RD AVENUE SOUTH (Address)		-	
NASHVILLE, TN 37210			-
(City/State and Zip Code)			• • •
For further information concerning this ma	tter, please call:		2005 SEP 16 SECRETARY
CINDY GROOMS	at (_615	<u>)</u> 269-0811	FT7 PARTY
(Name of Person)	(Area Code & Daytime	Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:		
	□ \$5	5 Filing Fee & Certifie	ed Copy

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.

	151. 1 REAT	NEON ADMODED CAR I	1.0
1. The name of the limited liab			
2. The mailing address of the l	imited liability compan	y is : 826 3RD AVENUE	SOUTH
NASHVILLE, TN 37210			
JANUARY 6, 2004		L04000001223	
3. Date of filing/registration in	Florida	4. Document num	ber
5. The name of the registered a Florida Department of State:	gent and the registered	office address as shown or	n the records of the
-	A REGISTERED A	AGENT, INC.	
92 :	Nam SADBERRY ROAD		
<u>02 (</u>	Addre		
QU	NCY, FL 32351		
	City, State	-	
6. The name and address of the	new registered agent a	nd/or office:	
CIN	DY GROOMS		
124	Name 45 62ND STREET I	NORTH SUITE 306	
		. Box NOT acceptable)	200 SE TAL
	•	- ,	2005 SEP
LAF	GO FL City, State a	33773	
	• •	-	SE3 6
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited or the operating agreement of the confirmed agreem	or changes are made, to egistered agent will be confirmed that the chan liability company or as the limited liability com	he Florida street address of identical. Or, in the case of ge(s) was/were authorized otherwise provided in the	of the registered office of a Florida limited of the limited of th
(Signature of a member or authorized rep	presentative of a member)		
(Printed or typed hame of signee)			
I hereby accept the appointme comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or, if this deaddress, I hereby confirm that it (Signature of Registered Agent)	nt as registered agent a ll statutes relative to the ept the obligations of m ocument is being filed to the limited liability com	and agree to act in this cap e proper and complete per ly position as registered as o merely reflect a change in apany has been notified in	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00