

204000073341

Linen Systems for Healthcare
4105 S. Bartlett St.
Tampa, FL 33611

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

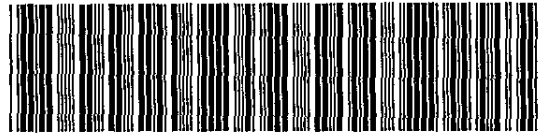
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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: LINEN SYSTEMS FOR HEALTHCARE
2. The mailing address of the limited liability company is : 9242 LAKE CHASE ISLAND WAY, TAMPA FL 33626
3. Date of filing/registration in Florida 10/8/2004 4. Document number L04000073341

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

KARL F. BUHL
Name
9242 LAKE CHASE ISLAND WAY
Address
TAMPA FL 33626
City, State and Zip

6. The name and address of the new registered agent and/or office:

KARL F. BUHL
Name
4105 S. BARTLETT ST.
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33611-1652
City, State and Zip

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]
(Signature of a member or authorized representative of a member)

ROBERT RAPHAEL
(Printed or typed name of signer)

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 duties, 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 liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Certificate of Status

I certify from the records of this office that LINEN SYSTEMS FOR HEALTHCARE, LLC., is a limited liability company organized under the laws of the State of Florida, filed electronically on October 08, 2004, effective October 08, 2004.

The document number of this company is L04000073341.

I further certify that said company has paid all fees due this office through December 31, 2004, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 041011091318-100041734551#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Eleventh day of October, 2004



Glenda E. Hood
Glenda E. Hood
Secretary of State