L0500000 7056

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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: Service Central FL, LLC
2. The mailing address of the limited liability	company is :
4725 Piedmont Row Dr, Suite 400, Charlotte, NC	28210
1/21/2005	L0500007056
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown on the records of the
Thomas C. Byrne	0.00
<u> </u>	Name Z SEC
401 E. Las Olas Bl	vd., Suite 1220
	Address 5 CRIT
Fort Lauderdale, Fl	~~~~~
	y, State and Zip
6. The name and address of the new registered	agent and/or office:
NRAI Services, Inc	
2731 Executive Par	
Florida street addre	ess (P.O. Box NOT acceptable)
Weston	FL 33331
City,	State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the	
, -	
Thomas C. Byrne, Manager (Printed or typed name of signee)	
I hereby accept the appointment as registered comply with the provisions of all statutes relation and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabil	agent and agree to act in this capacity. I further agree to ve to the proper and complete performance of my duties, on so my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change.

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