L05000007510

(Re	questor's Name)			
(Ad	dress)			
- (Ad	dress)			
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to f	Filing Officer:			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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 limit	ed liability com	oany is: Service North-Centr	al, LLC	·
2. The mailing address of	of the limited lia	bility company is:		<u> </u>
4725 Piedmont Row Dr, S	uite 400, Charlott	e, NC 28210		·
1/24/2005 L05000007510		00007510		
3. Date of filing/registration in Florida		4. Do	ocument number	· · · · · · · · · · · · · · · · · · ·
5. The name of the regist Florida Department of		he registered office addres	ss as shown on the rec	ords of the
	Thomas C. E			
		Name		
	401 E. Las Ol	as Blvd., Suite 1220 Address		
	Fort Lauderda			2
		City, State and Zip		NO NO
6. The name and address	of the new regis	stered agent and/or office:		OT NOV -6
	NRAI Service	s, Inc.		P 885
		Name		PH 12: 02
	2731 Executive Park Drive, Suite 4			TENS TIONS
	Florida street	address (P.O. Box NOT a	acceptable)	2 5
	Weston	FL 33331		
		City, State and Zip		
confirmed that after the cand the business office o	change or change f the registered a ereby confirmed mited liability co ent of the limited		reet address of the reg ; in the case of a Flori ere authorized by an a	gistered office ida limited ffirmative vote
Thomas C. Byrne, Manag	ger			
(Printed or typed name of signee	;)			
hath h		stered agent and agree to a relative to the proper and ligations of my position as being filed to merely reflicitly company has bed		further agree to ce of my duties, provided for in gistered office of this change.
(Signature of Rogistered Agent)	. michony o. 7		- 4	

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