LD5000039021

(Re	questor's Name)	
(Ad	dress)	
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(, , ,	.a.c.55,	
(Cit	ty/State/Zip/Phone	∋ #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Da	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

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COVER LETTER

Division of Corporations		
SUBJECT: Forum Express, LLC (Name of Limited Liability Compare)	ny)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s)	are submitted for filing.	
Please return all correspondence concerning this matter to the follow	ing:	
Sean Emerick		
(Name of Person)		
National Registered Agents, Inc. (Firm/Company)		
2 Club Centre, Suite 5		
(Address)		
Edwardsville, IL 62025		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Sean Emerick at (618) 656-37	791	
(Name of Person) (Area Code	e & Daytime Telephone Number	
Registration Section Registration Section Division of Corporations Division of CorClifton Building P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
✓ \$25 Filing Fee S55 Filing Fe	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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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 com	pany is: Forum Express, LLC	
2. The mailing address of the limited lia	ability company is:	
10985 Cody Road, Suite 220, Overland Par	rk, KS 66210	
04/21/2005	L05000039021	
3. Date of filing/registration in Florida 4. Docum		her
5. Bate of ming regionation in Figure		
5. The name of the registered agent and Florida Department of State:	the registered office address as shown of	n the records of the
Bolanos Truxto	on, P.A.	
	Name	
12800 Univers	sity Drive, Suite 350	4
	Address	SE SE
Ft. Myers, FL	33907 City, State and Zip	Ö9 SEP SECRET
	City, State and Zip	
6. The name and address of the new regi	istered agent and/or office:	SEP - I A
NRAI Services	Inc	AMID: 46 OF STATE
14,174 33,41000	Name	USTA STA
2731 Executive	Park Drive, Suite 4	€ 6
	t address (P.O. Box NOT acceptable)	
Weston	FL 33331	
	City, State and Zip	
If the limited liability company is not or confirmed that after the change or chang and the business office of the registered liability company, it is hereby confirmed of the members of the limited liability cor the operating agreement of the limited (Signature of a member or authorized representative)	ges are made, the Florida street address of agent will be identical. Or, in the case of that the change(s) was/were authorized company or as otherwise provided in the diability company.	of the registered office of a Florida limited I by an affirmative vote
(Segumine of a memory of administrate representative)		
Donald E Culbertson (Printed or typed name of signee)		
I hereby accept the appointment as regicomply with the provisions of all statute and I am familiar with and accept the object of the confirmal accept the confirmal accept the limite NRAI Services. Inc. (Signature of Registered Agent)	istered agent and agree to act in this caps relative to the proper and complete pebligations of my position as registered as being filed to merely reflect a change ad liability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Sean L. Emerick, Assistant Secretary		

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