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JUL 31 2014

R. WHITE



May 9, 2014

To Whom It May Concern:

Please file the enclosed Change of Agent Documents and return a date stamped copy to my attention. I have enclosed a self-addressed envelope for your convenience. I will also need a receipt for the charges.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 113$

Sincerely,

Marina Reel Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302

COVER LETTER

ī

TO:	Registration Section Division of Corporations				
SUBJ	ON-DEMAND CONTAINER, LLC				
	Nam	e of Limited Liability Company			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the following:			
Jill Pro	obst				
	Name of Person	· _ · · · · · · · · · · · · · · · · · ·			
Nation	nal Service Information, Inc				
	Firm/Company				
145 B	aker St				
	Address				
Mario	n, Ohio 43302				
	City/State and Zip Code				
steve@	Dondemandcontainer.com				
	E-mail address: (to be used for future ann	ual report notification)			
For fu	rther information concerning this matter,	please call:			
Marin	a Reel	740 387-6806 at ()			
	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	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	□ \$55 Filing Fee & Certified Copy			
INHS1	8 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	Jame of the limited liability company:	ON-DEMAND CON	VTAINE	R, LLC	•				
2. (a)	5511 WINTON RD CINCINNATI, OH	45232	(b)	5511 WI	NTON RD CINCINNATI	, OH 4523	2		
2. (4)	Principal office address of limited li (Note: MUST BE STREET)		(0)		Mailing address of limited l	-			
3.	06/30/2005 Date of filing/registration i	n Florida	1 - 4.	_ 0500006:	5103 Document number				
	HL STATUTORY AGENT, INC.								
5. (a	Registered Agent and Registered Office sho	own on the records of the	Florida	Dept. of St	— ntc:				
					_				
	Registered Office Address (MUST BE	FLORIDA STREET AD	DRESS				•		
	800 LAUREL OAK DRIVE SUITE 6	00			<u> </u>				
	NAPLES,	, FL	4108						
(t	NRAI Services, Inc.								
·	Enter name of NEW Registered Agent and	J/or NEW Registered O	ffice ado	lress:		:	ő.		٠,
	NEW Registered Office Address:				_	: 	င့	- ·	. تعد
	1200 South Pine Island Road		•			7 <u>3</u> 7	Ü		
	Plantation	, FL_	3324						
the cagen was/the a	e limited liability company is not organichange or changes are made, the Floridat will be identical. Or, in the case of a were authorized by an affirmative vote articles of organization or the operating gnature of a member or authorized representative treby accept the appointment as registativisions of all statutes relative to the probligations of my position as registered are reflect a change in the registered field in writing of this change.	la street address of the Florida limited liable of the members of gagreement of the liable of a member	he regist bility co the lim imited l	tered offi mpany, it ited liabiliability co ssa Den	ice and the business offit is hereby confirmed the lity company or as other ompany. In all all the lity company of a source of the lity company. Printed or typed name of	ce of the at the charwise prov	register inge(s) vided ir	n <u>2 memb</u>	, (

Signature of Registered Agent

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:	ON-DEMAND CONT	AINER, LL	С			
2. (a)	5511 WINTON RD CINCINNATI, OF		(b) 5511.	WINTON RD CINCINNA	ATI, OH 452	232	
<i>ω</i> , (ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				
							_ _
	06/30/2005		L05000	0065103			
3.	Date of filing/registration in	in Florida 4	·. ———	Document number			
5. (a	HL STATUTORY AGENT, INC.						
5. (a)	Registered Agent and Registered Office sho	own on the records of the F	lorida Dept. o	f State:	Ц		
	Registered Office Address (MUST BE	FLORIDA STREET ADD	RESS)				
	800 LAUREL OAK DRIVE SUITE 6	500					
	NAPLES,	, FL ³⁴¹	08			1.	
(b)	NRAI Services, Inc.					<u>(</u>	
(0)	Enter name of NEW Registered Agent and	i/or NEW Registered Offi	ce address:	 .		Ĉ5	, d
			٠.		<u>:</u>		Ö
	NEW Registered Office Address:					دب	<i>ټ</i>
	1200 South Pine Island Road		·		**************************************	(JA	
	Plantation	FL ³³³	24		,		
sign I here provis the obt the obt notifie NRAI By: U	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a vere authorized by an affirmative vote ticles of organization or the operating ature of a member or authorized representative by accept the appointment as registerions of all statutes relative to the proligations of my position as registered rely reflect a change in the registered at in writing of this change.	a street address of the Florida limited liability of the members of the agreement of the limited of a member	registered of ty company elimited liability / allessa De ormance of in Chapter by confirm in the confirmite of the confi	office and the business of it is hereby confirmed bility company or as othe company. Mingle Author to the finted or typed name	ffice of the that the character is pro-	registe ange(s) vided in	o 2 gyleynber

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

INHS18 (2/14)

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	ON-DEMAND CONTAINER, LLC		
		ne of Limited	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.
Please re	eturn all correspondence concerning the	nis matter to th	e following:
Jill Probs	st		
	Name of Person		
National	Service Information, Inc		
	Firm/Company		
145 Bake	er St		
	Address		
Marion, (Ohio 43302		
	City/State and Zip Code		
steve@or	ndemandcontainer.com		
E-n	nail address: (to be used for future and	nual report noti	fication)
For furth	er information concerning this matter,	please call:	
Marina R	eel	740 at (387-6806
	Name of Person		Area Code & Daytime Telephone Number
R D C 2	CTREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	Ro D P.	AILING ADDRESS: egistration Section livision of Corporations O. Box 6327 allahassee, Florida 32314
E	inclosed is a check for the following	amount:	
2	\$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy