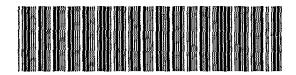
05000120973

•		
(Re	equestor's Name)	
. (Ad	dress)	
· (Ad	dress)	
(Cit	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
/Do	cument Number)	
(L)C	cument Number)	
Certified Copies		of Status
Special Instructions to Filing Officer:		

Office Use Only



400078860684

08/23/06--01007--008 **70.00

DIVISION OF CORPORATIONS

OF SEP 22 PM 2: 45

TELLAN WILL S & SAME

J. BRYAN SEP 2.2 2006



Division of Corporations

August 24, 2006

DAVID NISSEN ON-TRAC OF CENTRAL FLORIDA, LLC 1806 TOWN PLAZA COURT WINTER SPRINGS, FL 32708

SUBJECT: ON-TRAC OF CENTRAL FLORIDA, LLC

Ref. Number: L05000120973

We have received your document for ON-TRAC OF CENTRAL FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 206A00052183

Joey Bryan Document Specialist OB SEP 22 PM 2: 45

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: On-TRAC of Central Florida, LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for fil	ing.	
Please return all correspondence concerning the	his matter to the following:		
David Nissen (Name of Person)		DIVISION OF 2	
On-TRAC of Central Flor (Firm/Company)	ida	THE STATE OF	
1806 Town Plaza Court (Address)		अ है	
Winter Springs FL 32 (City/State and Zip Code)	2708		
For further information concerning this matter	r, please call:		
David Nissen (Name of Person)	at (<u>321)</u> <u>663~104</u> 0 (Area Code & Daytime Teleph	_ one 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	g amount:		
\$25 Filing Fee	S55 Filing Fee & Certified Copy		
INHS18 (8/05)	·· -		

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: On TRA	Cof Central Florida.	
2. The mailing address of the limited liability company is : \underline{I}	806. Town Plaza Court	
Winter Springs FL		
12/14/2005	25000120973	
3. Date of filing/registration in Florida 4	05000120973 Document number	
5. The name of the registered agent and the registered office ad Florida Department of State:	dress as shown on the records of the	
David Nissen Name		
Name		
5738 Canton Cove S Address Winter Springs FL City, State and Zip	uite 110 8 50	
Address	Stora	
Winter Springs FL	32708	
City, State and Zip	32708 85 85P 22	
6. The name and address of the new registered agent and/or office:		
David Nissen	2: 45	
Name		
1806 Town Plaza Cou	<u>.r+</u>	
Florida street address (P.O. Box No	OT acceptable)	
Winter Sociones FI 33	2708	
Winter Springs FL 32708 City, State and Zip		
To the limited liability comments in the committee dead of the		

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 of a member or authorized representative of a member)

David Nissen

(Printed or typed name of signee)

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 of Registered Agent)

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