# L1000000335

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



800250959618

09/12/13--01014--004 \*\*25.00

13 SEP 12 PH 4: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

aff le Mister

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: National Terminal Services, LLC

Name of Limited Liability Company

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 following:

### David Przysinda

Name of Person

## **National Terminal Services**

Firm/Company

#### 4111 Burns Road

Address

## Palm Beach Gardens, FL 33410

City/State and Zip Code

#### david@ntsatm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Angela Rantinella

.,561

408-2005

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

13 SEP 12 PM 4: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 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. Name of the limited liability company: National Terminal Se  | rvices, LLC   |  |
|---|---|--|
| 2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)  | Palm Beach Gardens, FL 33410  |  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 4111 Burns Road Palm Beach Gardens, FL 33410  |  |
| 12-30-2-009  3. Date of filing/registration in Florida  | <u>L1000000332-5</u> 4. Document number   |  |
| 5. (a) Registered Agent and Registered Office shown or  | n the records of the Florida Dept. of S   | iate: ≥s   |
| Registered Agent:   | David Przysinda   | SEP  |
| Registered Office Address:  | 400 Toney Penna Drive Suite A Jupiter, FL 33458   | TARY OF<br>ASSEE,  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>  |   | STATE<br>LORIDA<br>5: 34                                       |
| NEW Registered Agent:   |   |  |
| <u>NEW</u> Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRESS)   | 4111 Burns Road   |  |
|   | Palm Beach Gardens ,FL3   | 33410  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise of the perating agreement of the limited liability company. | Florida street address of the registered  | d office   |
| AND A REVOINDA  Printed or typed name of signee   | <del></del>   |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and occept the obligations of my p Chapter 608, F.S. Or, if has document is being filed to h address, I hereby confirm that the limited liability compa   | agree to act in this capacity. I furthe<br>proper and complete performance of r<br>position as registered agent as provid<br>serely reflect a change in the register<br>ny has been notified in writing of this | er agree to<br>ny duties,<br>ed for in<br>ed office<br>change. |

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