L12000001250

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COVER LETTER

Division of Corporations				
SUBJECT: North Florida Industrial Services 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:				
Kimberly Rich Name of Person	· · · · · · · · · · · · · · · · · · ·			
North Horida Industria Firm/Company	l Sorvices.			
100 E. Rellin. Dr. Address				
Palatka Fl. 32177 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (38)	30,538.2375 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			

INHS18 (2/14)



April 7, 2014

MIMBERLY RICH NORTH FLORIDA INDUSTRIAL SERVICES LLC 100 E. RELLIN DR. PALATKA, FL 32177

SUBJECT: NORTH FLORIDA INDUSTRIAL SERVICES LLC

Ref. Number: L12000007250

We have received your document for NORTH FLORIDA INDUSTRIAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 714A00007403

RECEIVED 14 APR 30 AN 5: 53

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. Na	lame of the limited liability company: North Floride Indu	strial Services
2. (a)	100 E. Rellim Dr. PaloHKA, Fl (b)	
_ (-)	Principal office address of limited liability company:	ng address of limited liability company: nte: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4. Doo	cument number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	108 Carnelot Dr. west Falatka F/. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	32177
		<u> </u>
		The state of the s
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	30
	Kimberly Rich	
	NEW Registered Office Address:	
	Palatka FIFL 32127	
the cha agent v was/wa	limited liability company is not organized under the laws of the State of Florida tange or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is here authorized by an affirmative vote of the members of the limited liability conticles of organization or the operating agreement of the limited liability company.	I the business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in
I here	eby accept the appointment as registered agent and agree to act in this capacity	ated or typed name of signee
provisi the obt to mer	sions of all statutes relative to the proper and complete performance of my duti- oligations of my position as registered agent as provided for in Chapter 605, F., rely reflect a change in the registered office address, I hereby confirm that the left in writing of this change.	es, and I am familiar with and accept S. Or, if this document is being filed imited liability company has been
Signatu	ure of Registered Agent	