L12000040363

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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4/11/14



ACCOUNT NO.	:_	1200000001	95
REFERENCE	Zi ak	088056	7990209
AUTHORIZATION	٠,٠/	Reda	<u>ب</u>

COST LIMIT : \$ 25.00

ORDER DATE : April 8, 2014

ORDER TIME : 11:48 AM

ORDER NO. : 088056-020

CUSTOMER NO: 7990209

CHANGE OF AGENT

NAME: EXPLORER EQUIPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: ____

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	EXPLORER EQUIPMENT, LLC						
Name of Limited Liability Company							
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please i	return all correspondence concerning this	s matter to the following:					
Maria L	.ong						
	Name of Person						
CSC							
	Firm/Company						
801 Ad	lai Stevenson Drive						
	Address						
Springf	ield, IL 62703						
	City/State and Zip Code						
complia	ncemail@cscinfo.com						
E-	mail address: (to be used for future annua	al report notification)					
For furt	her information concerning this matter, pl	lease call:					
Maria L	ong	800 800-927-9801					
ï	Name of Person	Area Code & Daytime Telephone Numb	er er				
	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 an						
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
NHS18	(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	ame of the limited liability company: EXPLORER EQ	UIPMEN	T, LLC				
2. (a)	8150 NORTH WEST 64TH STREET	(b) 8150 NORTH WEST 64TH STREET			r		
2. (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limite	d liability	compar	•
	DORAL, FL 33166		DORAL,	FL 33166			
3.	03/22/2012 Date of filing/registration in Florida		L120000				
J.	Date of imagregistration in Fronda	4.		Document number			
5. (a)	R&A AGENTS, INC.			_			
	Registered Agent and Registered Office shown on the records of the	he Florida l	Dept. of Star	te:			
	350 EAST LAS OLAS BLVD, SUITE 1150						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_			
				_			
	FORT LAUDERDALE , FL_	33301		_			
						14	
(b)				_		•	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addi	ess:		1	A₽R	-11
						1	
	1201 Hays Street			_		CO	П
	NEW Registered Office Address:					\exists	
					: .	÷.	
				_		5 6	
	Tallahassee	32301			•	Q,	
	, FL_	32301		_			
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability.	the registe bility con the limit imited lia	ered office apany, it i ed liabilit bility con	e and the business of s hereby confirmed to y company or as other	fice of th hat the cl	e regi: hange(stered (s)
C:		lman	EMAMI				
I here provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I hid in writing of this change.	e to act i performan for in Ch ereby con	n this cap ace of my apter 605 firm that	Printed or typed name of acity. I further agre, duties, and I am fam, F.S. Or, if this doc the limited liability of	e to comr	oly wit and a being has be	h the accept filed een
Signatu	re of Registered Agent Corporation Service Company	BY:Mar	ia Long	Asst. Sec.			