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MAY 2.7 2014 C. CARROTHERO

COVER LETTER \$ 7, 9

TO: Registration Section . Division of Corporations	
SUBJECT: Princeton Tool South, LLC	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Loretta Prcela	
Name of Person	
Waldheger Coyne Co., L.P.A.	
Firm/Company	
1991 Crocker Rd., Suite 550	
Address	
Westlake, Ohio 44145	
City/State and Zip Code	
kenbevington@princetontool.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Loretta Prcela	at (335-0600
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

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.

. Na	me of the limited liability company: Princeton Too	l Sout	h,	LLC		
. (a)	449 South 12th St.	(h)	449 Sou	uth 12th St.	
. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-,,	,	Mailing address of limited liability (Note: MAY BE POST OFFIC	
	Tampa FL 33602		-	Tampa f	FL 33602	
	11/13/2013	 -	L	130001	59517	
	Date of filing/registration in Florida	4.	_		Document number	
. (a)	Kenneth P. Bevington, II					
. (u)	Registered Agent and Registered Office shown on the records of (1211 East Cumberland Ave.	lie Florid	la D	ept. of State	Le:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			SECKE	t t
	, FL_					<u>-</u> ω
(p)	Enter name of NEW Registered Agent and/or NEW Registered	Office n	ddr	<u>css</u> :	 ,	99
						5
	NEW Registered Office Address:				<u>-</u>	
	449 South 12th St.				_	
	Tampa ,FL	33602	2			
ie cha gent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the the reg bility c f the lir limited	e S iste om nite lia	red office pany, it is ed liability bility con	e and the business office of t is hereby confirmed that the or y company or as otherwise p npany.	he registered :hanve(s)
200	ure of a member or authorized representative of a member	Ke	nn	eth P. B	Bevington, II	
herek rovisio ne obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ity reflect a change in the registered office address, I h I in writing of this change.	ee to ac perforn I for in pereby c	et ir nan Ch con	n this capa ce of my c apter 605 firm that	Printed or typed name of signee acity. I further agree to conduties, and I am familiar with f.F.S. Or. if this document is the limited liability company	ply with the h and accep s being filed has been

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