FILED

2001 UNIFORM BUSINESS REPORT (UBR)

L99000003682 DOCUMENT # 01 MAR -9 AM 10: 34 1. Entity Name PROCESS SERVICE OF AMERICA LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 40 LAMAR COURT P.O. BOX 5848 CRAWFORDVILLE FL 32327 TALLAHASSEE FL 32314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3582413 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. - Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COMPTON, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) **40 LAMAR COURT CRAWFORDVILLE FL 32327** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. ☐ Change Addition TITLE TITLE MGRM ☐ Delete COMPTON, MICHAEL R NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 926 CRAWFORDVILLE FL 32326 CITY-ST-ZIP CITY-ST-ZIP 5000038915 -03/21/01--011 TITL E ☐ Delete TITLE NAME NAME ****50.00 *****50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI ₽ TITI F ☐ Delete ☐ Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME 🦩 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

