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EXAMINER



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12 JAN -5 AM 10: 43



ACCOUNT NO. : I2000000195

REFERENCE: 039059 7862039

AUTHORIZATION

COST LIMIT

ORDER DATE: December 27, 2011

ORDER TIME : 9:43 AM

ORDER NO. : 039059-053

CUSTOMER NO: 7862039

CHANGE OF AGENT

NAME: STEVEN D. BRIGHT CO., LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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: STEVEN D. B	RIGHT CO., LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 1117 Snyder Road West Lawn, PA 19609	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1117 Snyder Road West Lawn, PA 19609	
March 15, 2000	M0000000494	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	515E. Park Avenue Tallahassee, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company 1201 Hays Street	
If the limited liability company is not organized under the lattat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company, it is	
Maureen Cathell, Authorized Person (Printed or typed name of signce) I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the profusion am familiar with and accept the obligations of my position as F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified By:	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.	
(Signature of Registered Agent) Corporation Service Company	Grace E. Kirby, Asst. VP	

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