M0000000495

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2006 DEC 13 AM 8: 25 SECRETARY OF STATE

MOO 495

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 The name of the limited liability company is	DeMartino Co., LLC	
2. The mailing address of the limited liability of		Lawn, PA 19609
3/15/00	M0000000495	·
3 Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on the	e records of the
C T Corporation Syste	em .	
	Name	
1200 South Pine Islan	nd Road	1 2
	Address	ASE 易
Plantation, FL 33324		LSR IR
City, State and Zip		ET C
6. The name and address of the new registered	agent and/or office:	2006 DEC 13 AM 8: 25 SECRETARY OF STATE TALLAHASSEE.FLORIDA
NRAI Services, Inc.		AM 8: 25 OF STATE EE.FLORIDI
	Name	15 15 8:
2731 Executive Park Drive, Suite 4		음을 22 12 23 23 23 23 23 23 23 23 23 23 23 23 23
Florida street addre	ess (P.O. Box NOT acceptable)	D(:: 01
Weston	FL 33331	
City,	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent will liability company, it is hereby confirmed that the members of the limited liability company of the operating agreement of the limited liability	made, the Florida street address of the will be identical. Or, in the case of a late change(s) was/were authorized by a ras otherwise provided in the articles company	e registered office Florida limited an affirmative vote of
(Signature of a memoer or authorized representative of a metr	iber)	
John M. DeMartino, President		
(Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·	
I hereby accept the appointment as registered comply with the provisions of all statutes relations and I am familiar with and accept the obligation chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabin NRAI Services, Inc. (Signant of Registered Agent)	agent and agree to act in this capacit we to the proper and complete perfor ons of my position as registered agent of filed to merely reflect a change in the lity company has been notified in writ	ly. I further agree to mance of my duties, t as provided for in he registered office ting of this change
Angela Gawlinski-Asst. Secretary	P.O. Box 6327, Tallahassee, FL 323	314

FILING FEE: \$25.00

INHS18(10/99)