

M00000000495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

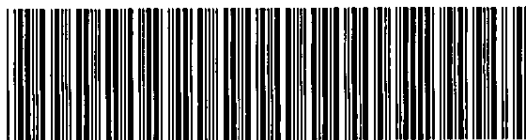
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JAN - 5 2012

EXAMINER



900215096429

RECEIVED
DEPARTMENT OF STATE
12 JAN - 5 AM 10:44

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 JAN - 5 PM 1:45



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 039059 7862039

AUTHORIZATION

COST LIMIT \$ 25.00

Spurlockman

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 PM 1:45

ORDER DATE : December 27, 2011

ORDER TIME : 9:40 AM

ORDER NO. : 039059-001

CUSTOMER NO: 7862039

CHANGE OF AGENT

NAME: DEMARTINO CO., LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX 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: DEMARTINO CO., LLC
2. (a) Principal office address of limited liability company: 1117 Snyder Road
West Lawn, PA 19609
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 1117 Snyder Road
West Lawn, PA 19609
(Note: MAY BE POST OFFICE BOX)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JAN -5 PM 1:45

- March 15, 2000 M00000000495
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the 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 NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maurcen Cathell
(Signature of a member or authorized representative of a member)

Maurcen Cathell, Authorized Person
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Grace E. Kirby
(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