M0000000498

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name) $M-498$			
(Document Number)			
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400082362554

12/13/06--01042--006 **175.00

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 l	imited liability compa	my is: Roger Schmidt Co., LLC	
		lity company is: 1117 Snyder Road. West	Lawn, PA 19609
3/15/00		M0000000498	,
3. Date of filing/registration in Florida		4. Document number	
5 The name of the re Florida Departmen		e registered office address as shown on th	e records of the
-	C T Corporation	System	
	<u> </u>	Name	
	1200 South Pine Island Road		****
		Address	06 SEC ALL
	Plantation, FL 3		5 D
		City, State and Zip	E E
6. The name and address of the new registered a		ered agent and/or office:	DEC 13 AM 9: 55 PRETARY OF STATE AHASSEF FLORIDA
	NRAI Services, Ir	nc.	
	2731 Executive P	Name Park Drive, Suite 4	AM 9: 55
	Florida street a	address (P.O Box NOT acceptable)	DA DA
	Weston	FL 33331	
		City, State and Zip	
confirmed that after the and the business officiability company, it the members of the lithe operating agreem (Signature of a prember of Roger J. Schmidt, Pre-	the change or changes ce of the registered ag is hereby confirmed the limited liability comparent of the limited liab	•	e registered office Florida limited an affirmative vote of
(Printed or typed name of s			
I hereby accept the accomply with the provand I am familiar with Chapter 608, F.S. Oaddress, I hereby colonial Services Inc. (Signature of Registered)		ered agent and agree to act in this capaci relative to the proper and complete perfor gations of my position as registered agen being filed to merely reflect a change in t liability company has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change
Angela Gawlinski-Ass	l. Secretary	ons, P.O. Box 6327, Tallahassee, FL 32	314

FILING FEE: \$25.00

INHS18(10/99)