## MUUUUO

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	·	
	·	

Office Use Only

B. KOHR JAN - 5 2012 EXAMINER



300215097393

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. : 039059-048

CUSTOMER NO: 7862039

CHANGE OF AGENT

NAME: ROGER SCHMIDT 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.

in the state of 1 torida.	× ^	
1. Name of the limited liability company: ROGER SCHMIDT CO., LLC		
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	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	M0000000498	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:	
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	515E. Park Avenuc Tallahassee, FL 32301	
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company 1201 Hays Street	
	Tallahassee ,FL 32301	
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby 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 see of a Florida limited liability company, it is	
Maureen Cathell, Authorized Person		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the propam familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a checonfirm that the limited liability company has been notified to	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the propam familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a checonfirm that the limited liability company has been notified by:    Singura of Registered Acests   Singura of Registered Ace	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, ange in the registered office address, I hereby in writing of this change.	

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