

MO1000000349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

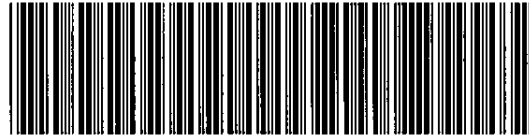
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT - 5 2011

EXAMINER



# NRAI CORPORATE SERVICES

An NRAI Solutions Company

## FILING REQUEST

September 29, 2011

### FLORIDA DEPARTMENT OF STATE

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|                                |  |
|--------------------------------|--|
| <i>Type of Filing:</i>         | CHANGE OF AGENT                                  |
| <i>Subject(s):</i>             | ESQUIRE DEPOSITION SERVICES, LLC                 |
| <i>Form(s) Enclosed:</i>       | STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT |
| <i>Supporting Document(s):</i> | NONE   |
| <i>Check Enclosed:</i>         | YES - CHECK# 37871 FOR \$25.00                   |
| <i>Return Via:</i>             | REGULAR MAIL - SASE ATTACHED                     |
| <i>Filing Method:</i>          | ASAP   |

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TALLAHASSEE, FLORIDA

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PLEASE RETURN TO: NRAI CORPORATE SERVICES  
590 PARK STREET, SUITE 6  
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

**Melissa Hobbs**

**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: Esquire Deposition Services, LLC

2. (a) Principal office address of limited liability company: 101 Marietta Street

**(Note: MUST BE STREET ADDRESS)**

2700 Centennial Tower  
Atlanta, GA 30303

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

02/14/2001

3. Date of filing/registration in Florida

M01000000349

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** NRAI Services, Inc.

**NEW Registered Office Address:** 515 East Park Avenue  
**(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.

Sue Johnson  
Signature of a member or authorized representative of a member

Sue Johnson

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: Melissa  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00