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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| L. SELLERS |
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COVER LETTER

| Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: Roadlink USA South, L.L.C (Name of | C. Limited Liability Company) | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning | this matter to the following: | | |
| Peter F. Souza | | | |
| (Name of Person) | | | |
| | | | |
| (Firm/Company) | | | |
| 2731 Executive Park Drive, Suite 4 | | | |
| (Address) | | | |
| Weston, FL 33331 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this mat | ter, please call: | | |
| Peter F. Souza | at (877) 261-6823 | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed is a check for the following | ng amount: | | |
| ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | |

TO: Registration Section

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 li | ability company is: Roadlink U | SA South, L.L.C. | | | |
|---|--|---|---|---|---|
| | e limited liability company is: | | | | |
| 1240 Win Drive, Bethlehem, PA | A. 18017-7061 | | | | |
| 0.4/4.4/00.00 | | M02000001144 | | | |
| 3. Date of filing/registration | in Florida | M03000001144 4. Document number | | | |
| 5. Date of filling/registration | III I TOTIGA | 4. Document number | | | |
| 5. The name of the registered Florida Department of Stat | agent and the registered office te: | address as shown on the re | ecords | of the | |
| <u>c</u> | T Corporation Sysytem | | | | |
| | Name | | | | |
| <u>_12</u> | 200 S. Pine Island Road | | | | |
| | Address | | | | |
| <u>PI</u> | antation, FL 33324 City, State and Z | ··· | | | |
| | City, State and Z | .ip | 5 | 0 | |
| 6. The name and address of the | he new registered agent and/or | office: | SECRE | 09 MAY | |
| <u>NF</u> | RAI Services, Inc. | | 훘됈 | 720 | |
| | Name | | 3SE | | |
| - ,- | 31 Executive Park Drive, Suite 4 | | ببز <u>ج:</u> | 2 | Ш |
| F | lorida street address (P.O. Box | NOT acceptable) | RETARY OF STATE AHASSEE FLORID | AM 9: | ^O |
| _We | eston FL 3333 | 1 | 30, | Į, | |
| | City, State and Zij | p | | | |
| confirmed that after the chan and the business office of the liability company, it is hereby of the members of the limite or the operating agreement of (Signature of a member or authorized Tony Smith, Authorized Repress (Printed or typed name of signee) | sentative | orida street address of the recal. Or, in the case of a Flowas/were authorized by an wise provided in the article | egistero orida lii affirm s of org | ed off mited ative ganiza | vote ation |
| (Signature of Registered Agent) Peter F. Souza, Assistant Secr | nent as registered agent and ag fall statutes relative to the pro- coept the obligations of my pos- document is being filed to mer at the limited liability company retary of Corporations, P.O. Box 632 | | | er agi my di ded fo red of s chai | ree to ties, r in tice ige. |

FILING FEE: \$25.00