M030000175

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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US CorpWorks Inc.

P: 303.393.8800

Toll-Free: 888.967.5799

F: 303.393.8900

TO:	FROM:		
Division of Corporations	Char McAdow		
Florida Department of State	cmcadow@uscorpworks.com		
P.O. Box 6327	· · · · · · · · · · · · · · · · · · ·		
Tallahassee, FL 32314			
COMPANY:	DATE:-		
	2/25/2004		
RE.			
On Site Maintenance Center	c, LLC		
	*		

We request your assistance in filing the following change of agent documents on an **expedited** basis (as much as possible). Please send evidence of the filing to me via regular mail at the address shown below.

Thanks much,

Char

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.

ugeni, or boin, in the sid	ac of a soraum.				
1. The name of the limit	ed liability company	is: On Site Ma	aintenance Center LLC		·
2. The mailing address of	of the limited liability	company is:	1827 Fremont Drive, Salt La	ake City, I	JT 84104
_	_	_			
					
5/29/2003			M03000001750		
3. Date of filing/registra	tion in Florida	_	4. Document number		
5. The name of the regist Florida Department of		gistered office	e address as shown on the	records o	f the
	C T Corporation Syst	tem 🗏			
		Name			
	1200 South Pine Isla	and Rd. 💆		_1	_
		Address			2
	Salt Lake City, UT 8	4104 🚆		·	善 一
	Ci	ty, State and 2	Cip		The second secon
6. The name and address	of the new registered	l agent and/or	office:	•	2 1
	NRAI Services, Inc.	-		 .	PH #:
		Name		5.00	. ట్ర
	526 E. Park Avenue				(O
	Florida street addr	ess (P.O. Box	NOT acceptable)	<i>y.</i>	
	Tallahassee	FI_3230	1		
	City	, State and Zi	p		
confirmed that after the cand the business office of liability company, it is he	change or changes are f the registered agent creby confirmed that the diability company of the limited liability	made, the Flowill be identified the change(s) for as otherwise company.	iws of the State of Florida, orida street address of the ical. Or, in the case of a Fl was/were authorized by an e provided in the articles of	registered lorida lim affirmat	d office lited live vote of
Cronon I Clark Managar		-			
Gregory L. Clark, Manager (Printed or typed name of signed					
	pintment as registered ns of all statutes relat nd accept the obligati this document is bein n that the limited liab	l agent and ag tive to the pro ons of my pos of filed to mer llity company	ree to act in this capacity. per and complete perform ition as registered agent a ely reflect a change in the has been notified in writin	I further ance of m is provide registere ng of this	r agree to ny duties, ed for in ed office change.
Divisi	on of Corporations,	P.O. Box 632	7, Tallahassee, FL 3231	4	

FILING FEE: \$25.00