## M03000004219

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	:#)
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(Do	cument Number)	
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## **FILING REQUEST**

October 2, 2007

## FLORIDA DEPARTMENT OF STATE

Type of Filing: CHANGE OF AGENT

Subject(s): AMERICAN CONNECTOR, LLC

Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s): NONE

Check Enclosed: YES - CHECK# 27267 FOR \$25.00

Return Via: REGULAR MAIL - SASE ATTACHED

Filing Method: ASAP

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.

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

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## 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	d liability company is: A	nerican Connector, LLC	
2. The mailing address of			
5601 NW 159th Street, Mian	nl Lakes, FL 33014		
12/18/2003		M03000004219	
3. Date of filing/registrati	on in Florida	4. Document number	
5. The name of the registe Florida Department of S		ed office address as shown on the records of the	
•	CT Corporation System		
	N	ame	
	1200 South Pine Island Ro	ad	
Address		dress Zip	,
Plantation, FL 33324		上海	٦ ١
City, State and Zip		ite and Zip	ģ
6. The name and address of	of the new registered ager		PH
	NRAI Services, Inc.		2: 33
	Na 2731 Executive Park Drive	The state of the s	ŭ
		CO. Box NOT acceptable)	
	2 101100 511001 (1	io. Box ito I addeptable)	
	Weston	L 33331	
	City, Stat	e and Zip	
confirmed that after the chand the business office of liability company, it is her	the registered agent will reby confirmed that the chilability company or as the limited liability company	ler the laws of the State of Florida, it is hereby a, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or pany.	
William J. King, C (Printed or typed name of signee)			
(Signature of Registered Agent) Sue Johnson, Asst. Secreta		nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in different to the different action of the registered office ompany has been notified in writing of this change.	
Divisio	h of Corporations, P.O.	Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)