Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RESEE FLORIDA

LLC REGISTERED AGENT CHANGE MAINSTREET MAINTENANCE, LLC

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Corporate Filing Menu

Hclp

2/17/2015

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2015 FEB 17 AM 9: 06

2/17/2015 10:57:49 From: To: 8506176383

(2/3)

COVER LETTER

SUBJECT:	MAINSTREET MAINTENANCE, LLC			
Nam	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	co Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Name of Person				
Pirm/Company				
Address				
City/State and Zip Code	.			
E-mail address: (to be used for future annu	al report polification)			
For further information concerning this matter, p	•			
	_nt()			
Name of Person	Area Code & Daytime Telephone t			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahasses, Florida 32314			
Enclosed is a check for the following a	mount;			
F) for the m	☐ \$55 Filing Fee & Certifled Copy			
☐ \$2.5 Filing Pee				

FLOIS - GRO-12014 Webser Kleren Oalino

2/17/2015 10:57:49 From: To: 8506176383

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(3/3)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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, Na	me of the limited liability company: MAINSTRI	bet maintenance, l	TC
2. (a)	180 EAST BROAD STREET	(b)	
(-)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	λ:	Malling address of finited liability company: (Note: MAX BR POST OFFICE BOX)
	COLUMBUS, OH 43215		
	7/29/2004	M040600	03041
3,	Date of filling/registration in Florida	4,	Decument number
5. (a)	NRAI SERVICES, INC.		ež.
, (<u>u</u>)	Registered Agent and Registered Office shown on the secon	rds of the Florida Dept. of St	الله الله الله الله الله الله الله الله
	Registered Office Address (MUST BE FLORIDA STR	BET ADDRESS)	FEB FAHA
	1200 SOUTH PINE ISLAND ROAD		<i>€7.</i> ±.
	PLANTATION	, FL_ ³³³²⁴	7 A
(b)	C T Corporation System		5 TA FLOR
	Bater name of <u>NKW Registered Arent</u> and/or <u>NKW Regis</u>	संस्तर वे किएक तर्ववास्थाः	MOIN TE 31
	NEW Registered Office Address:		_
	1200 South Pine Island Road		,,,,,
	Plantation	.FL 33324	_
he chai	mited liability company is not organized under the nige or changes are made, the Florida street addrestill be identical. Are, in the case of a Florida limit result or the case of a florida limit result or the operating agreement of the o	us of the registered offi	ce and the business office of the registered
Signah	are of simplifier or sulhorized representative of a member		Printed or typed meno of algues
hereb rovisione obti mere outlad T Cor	y acted the appointment as registered agent and say of all statutes relative to the proper and come gathers of my position as registered agent as profix reflect a change in the registered affice address in writing of this change. Affre	d agree to aci in this ca dele performance of m wided for in Chapter of ss, I hereby confirm tha	pocity. I further agree to comply with the continuous and ton somillar with and eccept 15, F.S. Or, if this document is being filed to the limited Itability company has been
y: Xpontof	70 / 7 - 1 - 4 - 5 - 7	ed Younan nt Secretary	
	Division of Corporations P.	.O. Box 6327• Tallahs	
S1 8 (2/1		G FEE: \$25.00	