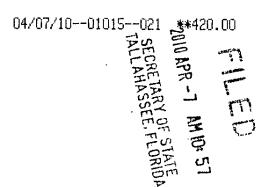
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T. CLINE

APR - 8 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		ROLL MANAGEMENT LLC ited Liability Company
Dear S	Sir or Madam:	
The e	nclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	PETER F. SOUZA	
	Name of Person	2010 SE TAL
	NRAI SERVICES, INC. Firm/Company	APR -7
	2731 EXECUTIVE PARK DRIVE, SUI Address	TE 4
	WESTON, FL 33331 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	psouza@nrai.com -mail address: (to be used for future annual report notifi	
	PETER F. SOUZA at	(<u>877</u>) <u>261-6823 x 1759</u>
	Name of Person 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 a	mount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

" 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:SEACO!	R PAYROLL MANAGEMENT LLC		
2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
12/10/2004	M04000005437		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depros State:			
Registered Agent:	FLORIDA FILING & SEARCH SERVICE		
Registered Office Address:	155 OFFICE PLAZA DR., SUITE A		
	TALLAHASSEE, FL 32301		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	NRAI Services, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4		
	Weston ,FL33331		
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. Signature of a member or authorized representative of a member			
Torly Smith, Authorized Person Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. On if this document is being filed to me address. I hereby confirm that the limited liability companNRAI Services, Inc. by: Signature of Registered Agent Peter F. Souza, Asst. Secretary	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.		
Peter F. Souza, Asst. Secretary	1		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00