M05000001996

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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 i	is: Advantage	Sales & Mark	eting LLC			
2. The mailing address of							
A!1 10 21	005	,		N4050000	M1004	,	
April 18, 2005 3. Date of filing/registration in Florida			M05000001996 4. Document number				
5. Date of ming/registration	on in Florida		4. Document	. Humber			
5. The name of the register Florida Department of S		gistered office a	address as sho	wn on the	recore	is of the	
	Corporat	tion Service Co	mpany				
		Name		ZΑ	2		
	12	201 Hays Street Address	<u> </u>	— <u></u>	7007		
	Tallahas	ssee, FL 32301	2525	HA	837		
	Cit	ty, State and Zi	p		5		
6. The name and address o	of the new registered	agent and/or o	ffice:	ر 14.3 عال 10.5	⊘ ,	M	
	· NR	AI Services, Inc	c.	SR (ά		
•	2731 Evenut	Name ive Park Drive	Suita 1	DA E	21		
-	Florida street addre			 .le)			
	r iorida sireet addit	css (1 .O. DOX 1	101 acceptad	ne)			
	Weston	FL	33331				
	City,	, State and Zip					
If the limited liability componition confirmed that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of the operation of the	ange or changes are the registered agent eby confirmed that the liability company of the limited liability	made, the Flor will be identica he change(s) w or as otherwise company.	ida street addı	ess of the	regist	ered office	
Paul J. Hagan, Authorized (Printed or typed name of signee)	Person						
I hereby accept the appoir comply with the provisions and I am familiar with ana Chapters 108, F.S. Or, if the address, I hereby confirm to NRA! Services, Inc. (Signature of Registered Agent) Pa	U way		ee to act in thi er and comple ion as registe y reflect a cho as been notifi	is capacity te perform red agent to ange in the ed in writi	. I fun lance las pro las regis ng of l	ther agree to of my duties, vided for in tered office this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00