M0500006865

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ity/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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16 NOV 30 PH 12: 11 DIVISION OF CURF-CEATIONS

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 28, 2016

Order#: 381127-005

Re: NORTH STAR FIRE PROTECTION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: NORTH STAR I	IRE PE	OTECTIO	JN, LLC
2 (a)	525 Bitterbrush Avenue	_ (b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Nampa, ID 83686	_		
	11/07/2005		M05000	006265
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI Services, Inc.			
(-)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Su	ate:
	1200 South Pine Island Road			*-
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	Į	_ 일 _
				6.1
		22224		- Total Modern
	Plantation , FL_	33324		- <u></u> <u> </u>
(b)	Corporation Service Company			16 NOV 30 PH 12: 11 OKUSION OF CHAFOLATIONS
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	lress:	
				2:1
	1201 Hays Street			
	NEW Registered Office Address:			
				
	Tallahassee , FL	32301		<u>_</u>
the cha agent v was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regis bility co the lim imited l	tered office mpany, it ited liabilities iability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
	Lielle Jancheni		shell.	ie Pancheri'
I herei provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper address and the proper address	e to act performa for in C ereby co	in this ca ince of my hapter 60 infirm tha	Printed or typed name of signee pacity. I further agree to comply with the pacity. I further agree to comply with the pacity duties, and I am familiar with and accept pacity of the second of the limited liability company has been

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