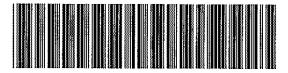
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Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 17, 2006

ORDER TIME : 12:21 PM

ORDER NO. : 317696-350

CUSTOMER NO: 7163215

## CHANGE OF AGENT

NAME: GFS JANITORIAL SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pamela A Washington \_\_\_

EXAMINER'S INITIALS:

## 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 liability company is:	GFS JANITORIAL SERVICES, LLC
2. The mailing address of the limited liability co	mpany is:
100 Campus Drive, Suite 200, Florham Park, NJ 07932	
December 2, 2005	M05000006631
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State:	tered office address as shown on the records of the
CTCo	rporation System
1000.0	Name
<u> </u>	th Pine Island Road Address
	ation, FL 33324
	State and Zip
6. The name and address of the new registered ag	gent and/or office:
Corporation	a Service Company
	vaine $\mathcal{Z}_{\mathcal{L}}$
<del></del>	Hays Street
Florida street address	(P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, S	tate and Zip
liability company, it is hereby confirmed that the	ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization
(Signature of a member of amborized representative of a member	
ROGER W. THOMA	<u>S</u>
(Printed or typed name of signee) EXECUTIVE VICE PRESID	
I hereby accept the appointment as registered as comply with the provisions of all statutes relatives and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability that the	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, to the proper and complete performance of my duties, of my position as registered agent as provided for in alled to merely reflect a change in the registered office y company has been notified in writing of this change. The chapman

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