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SECRETARY OF STATE ALLAHASSEE, FLORIDA



## **FILING REQUEST**

October 11, 2006

## FLORIDA SECRETARY OF STATE

Турө of Filing:

CHANGE OF AGENT

Subject(s):

WELSH SUPERSTOCK FL, LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE

Supporting Document(s):

Check Enclosed:

CHECK #24473 FOR \$25.00

Return Via:

**REGULAR MAIL** 

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions. Thank you!

Jackie Sorman

## 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.

agent, or both, in the State	e of Fioriaa.		
1. The name of the limite	d liability company is:	Welsh Superstock FL, LLC	
2. The mailing address of	f the limited liability cor	npany is :	
7807 Creekside, Minnetonk	a, MN 55439		
5/4/2006		M06000002526	)
3. Date of filing/registration in Florida 4. Document number		number	
5. The name of the registe Florida Department of		ered office address as shov	vn on the records of the
	CT Corporation System		<u></u>
		Name	
	1200 South Pine Island I		
	Plantation, FL 33324	Address	
		State and Zip	
6. The name and address of the new registered agent and/or office:			
	NRAI Services, Inc.		TARY ASSE
	N 2731 Executive Park Driv	lame re, Suite 4	유 _ <b>/ 기</b>
	Florida street address	(P.O. Box NOT acceptabl	D STATE STATE
	Weston	FL 33331	_
	City, St	ate and Zip	
confirmed that after the chand the business office of	nange or changes are ma the registered agent will reby confirmed that the d liability company or a	nder the laws of the State of the florida street address be identical. Or, in the cachange(s) was/were authors otherwise provided in the mpany.	of Florida, it is hereby ess of the registered office ase of a Florida limited ized by an affirmative vote of a articles of organization or
(Signature of a member or authori	ized representative of a member	<del></del>	
	フ・	,	
Jean Kane, Member (Printed of typed name of signee)			
I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm NRAI Services. Inc.	intment as registered ag is of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agree to act in this to the proper and complet of my position as register led to merely reflect a cha company has been notifie	capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.
(Signature of Registered Agent) Jackie Sorman, Assistant S Divisio	ecretary	— D. Box 6327, Tallahassee,	FL 32314

INHS18(10/99) FILING FEE: \$25.00