

MOL 000005817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

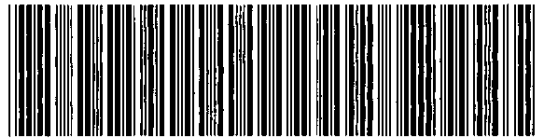
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JAN 21 2010

EXAMINER



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01/19/10--01010--013 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 19 AM 11:01



200 West Adams Street, Suite 2007

Chicago, IL 60606

(312) 346-3606 (800) 934-2556

Fax: (312) 346-3607

January 15, 2010

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Production Services Associates, LLC

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the forms to change the registered agent/office for the above captioned in your state. Also, enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Norine Nagel", written in a cursive style.

Norine Nagel

NN/smc.

Encl.

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: Production Services Associates, LLC

2. (a) Principal office address of limited liability company: 485 Half Day Road, Suite 500

☒ (Note: **MUST BE STREET ADDRESS**) Buffalo Grove, IL 60089

☐ (b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida 10/20/2006 4. Document number M06000005817

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS) Weston, FL 33331

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

James Cyze

James Cyze, MGR

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

by: *Anthony J. Alexander*
Signature of Registered Agent Anthony J. Alexander, Asst. Secretary

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

FILING FEE: \$25.00

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