

MU700UUUU 750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

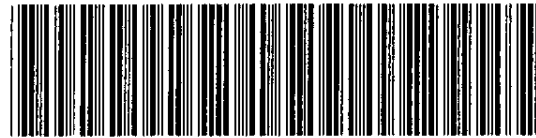
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900207367259

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 MAY 26 PM 1:45  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 26 PM 2:32

B. KOHR

MAY 26 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I200000000195

REFERENCE : 789659 7833471

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 26 PM 2:32

ORDER DATE : May 25, 2011

ORDER TIME : 1:32 PM

ORDER NO. : 789659-004

CUSTOMER NO: 7833471

CHANGE OF AGENT

NAME: VOLUNTEER MAINTENANCE COMPANY,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

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. Name of the limited liability company: VOLUNTEER MAINTENANCE COMPANY, LLC

2. (a) Principal office address of limited liability company: 3119 Northwest Park Drive  
Knoxville, TN 37921  
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company: 3119 Northwest Park Drive  
Knoxville, TN 37921  
*(Note: **MAY BE POST OFFICE BOX**)*

02/06/2007

M07000000750

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

C T Corporation System

Registered Office Address:

1200 South Pine Island Road  
Plantation FL 33324

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

NEW Registered Agent:

Corporation Service Company

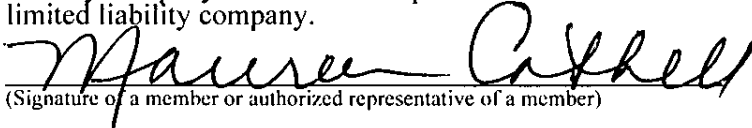
NEW Registered Office Address:

1201 Hays Street

*(MUST BE FLORIDA STREET ADDRESS)*

Tallahassee, FL 32301

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)

Maureen Cathell, Authorized Person

(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: 

(Signature of Registered Agent)

Sylvia Queppet, Asst. VP

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

FILING FEE: \$25.00