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TALLANASSEE, FLORIDA

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APR - 7 2010

EXAMINER

10 APR -6 AM 8: 20



ORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 338805

AUTHORIZATION (

COST LIMIT :

ORDER DATE : April 2, 2010

ORDER TIME : 2:44 PM

ORDER NO. : 338805-003

CUSTOMER NO: 7767980

CHANGE OF AGENT

NAME: ROSENBERGER SITE SOLUTIONS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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: ROSENBERGER SITE SOLUTIONS, LLC		
2.	(a) Principal office address of limited lie (Note: MUST BE STREET ADDI		
	(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE)	ompany:	
	02/16/2007	M0700000956	
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:	Business Filings Incorporated	
	Registered Office Address:	1203 Governor's Square Blvd.	
		Suite 101 Tallahassee, FL 32301-2960	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
	NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
		Tallahassee ,FL 32301	
the he lia	at after the change or changes are made, t fice of the registered agent will be identic reby confirmed that the change(s) was/w	ized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business al. Or, in the case of a Florida limited liability company, it is at authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the member)	
<u>B</u>	lanca Lozada, Authorized Person rinted or typed name of signee)		
I co an F. co B		red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, erely reflect a change in the registered office address, I hereby as been notified in writing of this change. Asst. V.P.	

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