

107000001149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

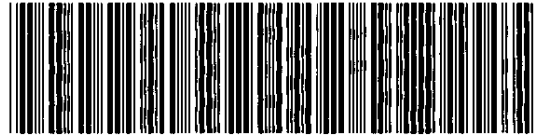
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
FEB 8 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Montana Tractors, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathi Wall
Name of Person

National Corporate Services, Inc.
Firm/Company

2 Club Centre Ct., Ste 5
Address

Edwardsville, IL 62025
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Wall at (618) 656-3791
Name of Person Area Code, & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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: Montana Tractors, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**) 4635 N. Thompson
Springdale, AR 72764

(b) Mailing address of limited liability company: _____

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

02/26/2007
3. Date of filing/registration in Florida

M07000001149
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: NRAI Services, Inc.

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

Cathi J. Wall
Signature of a member of authorized representative of a member

Cathi J. Wall, Authorized Representative
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: Sean L. Emerick
Signature of Registered Agent Sean L. Emerick, Asst. Secy

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