Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : 120090000069

: (800)277-9977

Fax Number

: (800)815~0477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

CANTRELLKERRY@BFUSA.COM Email Address:

LLC REGISTERED AGENT CHANGE BRIDGESTONE BANDAG, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	gistration Section vision of Corporations	
eud mees	r. Bri	dgestone Bandag, LLC
SUBJECT		Limited Liability Company
Dear Sir o	r Madam:	
The enclos	sed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please retu	ırn all correspondence concernin	g this matter to the following:
	Ma Kara Cantrall	
	Ms. Kerry Cantrell Name of Person	
	Bridgestone Americas, In	C.
	Fimi/Company	
	535 Marriott Drive	
	Adoross	
	Nashville, TN 37214	
	City/State and Zip Code	
E-mall s	ddress; (to be used for future annual report	not feeting
	·	·
for further	information concerning this ma	tter, please call:
Мa	Adrianne Rivera	900 277 0077
rio .	Name of Person	at (
		The code of Daytane Telephone Names
	REET/COURIER ADDRESS:	MAILING ADDRESS:
	istration Section ision of Corporations	Registration Section
	ton Building	Division of Corporations P.O. Box 6327
	1 Executive Center Circle	Tallahassee, Florida 32314
	ahassee, Florida 32301	
Enc	closed is a check for the followi	ng amount:
	325 Filing Fee	\$55 Filing Fee & Certified Copy
L.J.*		and thing the de contined coby

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.

	l. Na	me of the limited liability company:	Bridgestone Bandag, LLC		
	2. (a)	Principal office address of limited liability compar		<u>2</u> ≤∽	
		(Note: MUST BE STREET ADDRESS)			
	(b)	Mailing address of limited liability company:	Same 5	유 ()	
		(Note: MAY BE POST OFFICE BOX)	<u>. </u>	POT	
		07/26/2007	M07000004464	CDAPONIATIONS	
	3. Dat	te of filing/registration in Florida	4. Document number	ñō	
	5. (a)	Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:		
		Registered Agent:	CT Corporation System		
		Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	_	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> (MUST RE FLORIDA STREET ADDRESS)		NEW Registered Agent:	NRAI Services, Inc. 515 East Park Avenue		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue	_	
			Tallahassee ,FL32301		
Š	and the liabilit of the or the Signature	estone Americas Tire Operations, LLC, member or typed name of signes	Florida street address of the registered office tical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y.		
by:	I here comply and I a Chapte address NRAY	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prim familiar with and accept the obligations of my part 608, F,S. Or, if this document is being filed to me to the first of the company of th	agree to act in this capacity. I further agree to per and complete performance of my duties osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.	to !	
	Gwend	of Register Agent olyn Andrews, Special Assistant Secretar Division of Corporations, P.O. Box 6; FILING FEE: \$	327, Tallahassee, FL 32314		