Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H110002191013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

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

Email Address:

LLC REGISTERED AGENT CHANGE DCK NORTH AMERICA, LLC

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Electronic Filing Menu

Corporate Filing Menu



H110002191013

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:O | CK NORTH AMERICA, LLC | |
|--|---|--|
| 2. (a) Principal office address of limited liability compan | y: 1900 State Route 51, Suite 200 | |
| (Note: MUST BE STREET ADDRESS) | Largo, PA 15025 | |
| (b) Mailing address of limited liability company: | 1900 State Route 51, Suite 200 | |
| (Note: MAY BE POST OFFICE BOX) | Large, PA 15025 | |
| May 9, 2008 | M08000002208 | |
| 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: | CT Corporation System | |
| Registered Office Address: | 1200 South Pine Island Road | |
| | Pinntation, Florido 33324 | |
| (b) Enter name of NEW Registered Agent and/or NF | W Registered Office address: | |
| NEW Registered Agent: | National Corporate Research, Ltd., Inc. | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 515 East Park Avenue | |
| | Tellahassee ,FL 32301 | |
| If the limited linbility company is not organized under the laws of the State of Florida, it probable 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 indication liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative but of the members of the limited liability company or as otherwise provided in the articles of Flantzation or the operating agreement of the limited liability company. Signature of a momber of authorized representative of a member | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filled to maddress, I hereby confirm that the limited liability companies to the confirmation of the companies of the confirmation of the confi | agree to act in this capacity. I further agree to rinar and complete performance of my duties, oxition as registered agent as provided for in erely reflect a change in the registered affice ny has been notified in writing of this change. | |
| Signifuce of Registered Agent | 227 Tallahanna El 22214 | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 | | |

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