(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		1			

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NOV 1 2 2010 EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 571574 7803519

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 9, 2010

ORDER TIME : 11:08 AM

ORDER NO. : 571574-010

CUSTOMER NO: 7803519

CHANGE OF AGENT

NAME: ROAD SCIENCE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

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: ROAD SCIENCE, LLC				
		Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	ompany:) (6) (
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	: 	~	
		2/2009		M09000001970	
3.	Dat	e 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				e records of the Florida Dept. of State:	
		Registered Agent:	<u>c</u>	T Corporation System	
		Registered Office Address:		200 South Pine Island Road lantation, FL 33324	
			<u>-</u>	interior, 1 D J J J L 1	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
		NEW Registered Agent:	<u>C</u>	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			201 Hays Street		
		<u> </u>	Fallahassee ,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) Blanca Lozada, Authorized Person					
(P	rinted	or typed name of signee)			
D)	, ·	V (4 m A)		ree to act in this capacity. I further agree to er and complete performance of my duties, and I s registered agent as provided for in Chapter 608, ange in the registered office address, I hereby n writing of this change.	
(Signature of Registered Agent) Sylvia Queppet, Asst. Vice President					
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)