## M09000003578

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**EXAMINER** 



300213095103





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 120000000195

REFERENCE : 926345

7850836

AUTHORIZATION

COST LIMIT

ORDER DATE: September 27, 2011

ORDER TIME : 11:38 AM

ORDER NO. : 926345-025

CUSTOMER NO: 7850836

CHANGE OF AGENT

NAME: PROVEST XPRESS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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: PROVEST XPI	RESS LLC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	20
09/10/2009	M09000003578
3. Date of filing/registration in Florida 4	Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	515 East Park Ave Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	/ Registered Office address:  Corporation Service Company
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company, it is
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj am familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a cl confirm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.
By: S.	

(Signature of Registered Agent) Sylvia Queppet, Asst. VP