# Shown below) on the top and bottom of all pages of the document. se proof this page and use it as a cover sheet. Type the fax audit number

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To:

Division of Corporations

Fax Number : (850)617-6383

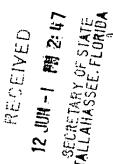
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

\*\*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 MARSHALL& SWIFT/BOECKH, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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EXAMINE Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/1/2012

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#### **C T Corporation System**

208 South LaSaile Street Suite 814 Chicago IL 60604

Jennifer Lynn Kurz Chicago Special Projects Team

SERVICE REQUEST FORM

Phone: (312) 288-3510 Fax: (312) 263-4207

C T Corporation System 515 East Park Avenue Tallahassee FL 32301

Phone: (850) 222-1092 Fax: (850) 222-7615

Order #: 8479056 SO

Fax: (850) 222-7615 Date: 06/01/12 - 09:31:57 Email: CLS-CTTallahasseeFulfillment@wolterskluwer.com

10 July 10 Jul

Expedited Service Level

Special Instructions:

Target #9

Line#313

Marshall & Swift/Boeckh, LLC (DE)

Qty

Service Type Change of Agent

Jurisdiction Florida

Filing Office

Department of State, Florida

Due By Date:

06/29/12

**Delivery Instructions:** 

Email, Mail

Shipping Instructions:

Jennifer Lynn Kurz

Chicago Special Projects Team C T Corporation System 208 South LaSalle Street

**\$uite 814** 

Chicago IL 60604

Email: Jennifer.Kurz@wolterskluwer.com

Phone: (312) 288-3517 Fax: 312-263-0124



Page: 1 of 1

#### COVER LETTER

	LEADSTEET & SHIPPS MANAGEMENT	
SUB	JECT: MARSHALL & SWIFT/BOECKH, Name of	Limited Liability Company
		James Sanding, Company
Dear	Sir or Madam:	
The c	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for fi
Pleas	e return all correspondence concerning	this matter to the following:
	Nume of Person	
•	Firm/Company	<del></del>
	Address	·
	•	
	City/State and Zip Code	·
Legali	S@dataquick.com	•
_	mail address: (to be used for future annual report r	otification)
For fu	rther information concerning this matt	er, please call:
	Name of Person	at (
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	1 thurphobbo ' 1, Mild 14114
	Enclosed is a check for the following	g amount:

## 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. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited for to change its registered office or registered
1. Name of the limited liability company: MARSHALL &	SWIFT/BOECKH, LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	10001 INNOVATION DRIVE SUITB 100-
(b) Mailing address of limited liability company:	MILWAUKEE WI 53226
(Nota: MAY BE POST OFFICE BOX)	
3/12/2010	M10000001181
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:	BUSINESS PILINGS INCORPORATED
Registered Office Address:	515 B. PARK AVENUE
, , , , , , , , , , , , , , , , , , ,	TALLAHASSEB FL 32301-2525
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	C T Corporation System
NEW Registered Office Address:	1200 South Pine Island Road
MUST BE FLORIDA STREET ADDRESS)	Plantation ,FL 33324
f the limited liability company is not organized under the onfirmed that after the change or changes are made, the F and the business office of the registered agent will be identability company, it is hereby confirmed that the change(s f the members of the limited liability company or as other the operating agreement of the limited liability company gnature of a member or authorized representative of a member ashley Pipes, Manager	Plorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
rinted or typed name of signee	_
hereby accept the appointment as registered agent and a smally with the provisions of all statutes relative to the providing I am familiar with and accept the obligations of my pohapter 608, F.S. Or, if this document is being filed to me idensity confirm that the limited liability company of Section 1 and	egree to got in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
gnature of Registered Agent  Division of Corporations, P.O. Box 63	27 Tellohosses EY 22214
FILING FEE: \$2	

INHS18 (05/08)

FLOIS - 11/14/2010 C T System Online