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Office Use Only



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EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE: May 18, 2012

ORDER TIME : 10:27 AM

ORDER NO. : 209751-020

CUSTOMER NO: 7882040

CHANGE OF AGENT

NAME: REDLINE CONTRACT SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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. N	Van	ne of the limited liability company: RED	LINE CON	ITRACT SERVICES LLC		
		Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	company:			
(b)	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX)	- iny: - -	PO Box 51701 Knoxville, TN 37950-1701		
		/2010	-	M10000002602		
3. I)at	e of filing/registration in Florida	4	. Document number		
5. (a	(a) Registered Agent and Registered Office shown on the records of the Florida				State:	
		Registered Agent:	_	NRAI Services, Inc.	For Si	
		Registered Office Address:	-	515 E. Park Avenue Tallahassee, FL 32301	OR THE TANK	Same and Same Same Ball Care Ball Care Ball Care
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Corporation Service Company				
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	ESS)	1201 Hays Street Tallahassee ,FL	32301	
that office here liab limi	aft by ility ted	imited liability company is not organized ter the change or changes are made, the Floof the registered agent will be identical. O confirmed that the change(s) was/were auy company or as otherwise provided in the liability company.	orida street or, in the cas thorized by articles of	address of the registered office and see of a Florida limited liability co	nd the busing mpany, it is	ess
(Prin	ted	en Cathell, Authorized Person or typed name of signee) by accept the appointment as registered as	nent and au	ree to act in this canacity. I furth	her agree to	
com am F.S. con	iply fan O firn	by accept the appointment as registered age with the provisions of all statutes relative niliar with and accept the obligations of my, if this document is being filed to merely in that the limited liability company has been	to the propy y position a reflect a cr en notified	per and complete performs, I further and complete performing of the registered agent as provided for ange in the registered office add in writing of this change.	my duties, a r in Chapter ress, I hereb	ınd I • 608, vy
T)						

(Signature of registered Mont) Corporation Service Company Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

Sylvia Queppet, Assistant Vice President