M11000001200

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(Business Entity Name)		
		7.
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MAY 13 2013

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DATE:

5/10/13

NAME:

CLARKDIETRICH ENGINEERING SERVICES, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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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.

(LI ARKDIETRI	ICH ENGINEERING SERVICES L	
1. Name of the limited liability company:	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. (a) Principal office address of limited lia	bility company:	9100 CENTRE POINTE DRIVE	
(Note: MUST BE STREET ADDR	ESS)		
	% Washing	WEST CHESTER, OH 45069	
(b) Mailing address of limited liability co	ompany:	9100 CENTRE POINTE DRIVE	
(Note: MAY BE POST OFFICE B	<u> </u>	WEST CHESTER, OH 45069	
March 8, 2011		M11000001200	
3. Date of filing/registration in Florida	4.	Document number	
5. (a) Registered Agent and Registered Of	fice shown on the	records of the Florida Dept, of State:	
Registered Agent:		CAPITOL CORPORATE SERVICES, IN-	
Registered Office Address:		155 OFFICE PLAZA DRIVE	
(b) Enter name of <u>NEW Registered Ag</u> <u>NEW</u> Registered Agent:		Registered Office address: 200 200 200 200 200 200 200 200 200 20	
NEW Registered Office Address: <u>(MUST BE FLORIDA STREET AI</u>	DDRESS)	55 Office Plaza Drive	
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed that of the members of the limited liability comport the operating agreement of the limited liability comporting agreement of a member of authorized representative of a member of signed.	are made, the Flori at will be identica at the change(s) wany or as otherwis ability company.	da street address of the registered office. I. Or, in the case of a Florida-fimited office as were authorized by an affirmative vote se provided in the articles of organization.	
I hereby accept the appointment as register comply with the provisions of all statutes re and I am familiar with and accept the oblig	iativė to the prope ations of my positi	r and complete performance of my duties, on as registered agent as provided for in	

Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Mark Thomas, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00