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DATE:

1/16/15

NAME: LSC ENVIRONMENTAL PRODUCTS, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

boin, in the state of Pioriaa.			
1. Name of the limited liability company: LSC ENVIRO	NMENTAL PRODUCTS, L	LC	
2. (a) Principal office address of limited liability company: 2183 PENNSYLVANIA AVE. (Note: MUST BE STREET ADDRESS)			
(More most be made most see	APALACHIN, NY 13732		
(b) Mailing address of limited liability company:	2183 PENNSYLVANIA AVE.		
(Note: MAY BE POST OFFICE BOX)	APALACHIN, NY 13732		
March 9, 2011	M11000001223		
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:	NRAI Services, Inc.	σ ΕΕ	
Registered Office Address:	1200 South Pine Island Road	M AKE	
•	Plantation, FL 33324	<u> </u>	
		<u> </u>	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	National Corporate Research,		
NEW Registered Office Address:	155 Office Plaza Drive		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassoo	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. Signsture of a member or authorized representative of a member			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent Sean Honan, Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
FILING FEE: \$25.00			

INHS18 (12/13)