3/18/2016 4:55:44 PM From: To: 8506176383(1/3)

Division of Corporations

1 0000 02735

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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Fax Number

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**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 ASSOCIATED AUCTION SERVICES, LLC

Certificate of Status	0
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Page Count	03
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MAR 20 2016

J SHIVERS

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Corporate Filing Menu

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	•	JVER LETTER
	stration Section sion of Corporations	
SUBJECT:	ASSOCIATED AUCTION SERVICES, LL	c
	Name of Li	mited Liability Company
Dear Sir or N	⁄ladam;	
The enclosed	Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return	all correspondence concerning this matte	r to the following:
<u>Bon</u>	nie Waldvon Name of Person	······
ASSOCIATE	D AUCTION SERVICES, LLC	
	Firm/Company	
1825 i	Hwy 34 East, Suite 2100 Address	
Newna	City/State and Zip Code	
BWal E-mail e	drun @ Irun Planet. Condidess: (to be used for future annual repo	ort notification)
For further in	formation concerning this matter, please of	all:
Bonn	Name of Person at (678) 586-2381 Area Code & Daytime Telephone Number
Regis Divisi Clisto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle massee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclo	sed is a check for the following amount	;
□ \$25	5 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. No	ame of the limited liability company: ASSOCIATED AUCTION SERVIC	ES, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Eagan, MN 55121	
	05/27/2011 M1100000	02735
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	NRAI SERVICES, INC	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sto	 ate:
	1200 South Pine Island Road Plantation,	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	- A.
		<u> </u>
	22774	- 20 PM
	, FL_33324	
		Sill 8
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	IR 18 AM II:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	Comment
•	C T Corporation System	RA STATE OF THE ST
	NEW Registered Office Address:	-
	1200 South Pine Island Road	
	Plantation 33324	•
•	Plantation , FL 33324	
the charagent was/we the article Signature of the oblination of the oblination of the column of the	mited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it re authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability control of a member or authorized representative of a member are of a member or authorized representative of a member by accept the appointment as registered agent and agree to act in this caper and so full statutes relative to the proper and complete performance of my position as registered agent as provided for in Chapter 60 by reflect a change in the registered office address, I hereby confirm that in writing of this change.	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signee