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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 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.

lame of the limited liability company:	SAUER,	LLC	_
400 Locust Street	(b)	30 Sict Street	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
McKees Rocks, Pennsylvania 15136		Pittsburgh, Pennsylvania 15201	_
6/16/2011		M11000003072	
Date of filing/registration in Florida	- 4	Document number	
CT CORPORATION SYSTEM			
Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:	
1200 SOUTH PINE ISLAND ROAD			
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	
		12	
PLANTATION, FI	L33324		
Business Filings Incorporated			, ,- ,-
Enter name of NEW Registered Agent and/or NEW Registered	d Office add	<u>(65)</u> :	
1200 South Pine Island Road			
NEW Registered Office Address:			
Plantation Fl	J 33324		
limited liability company is not organized under the la nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l were authorized by an affirmative vote of the members tricles of organization on the operating agreement of the	of the regis liability co of the limi e limited li	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
nature of a member or authorized representative of a member		Printed or typed name of signee	
why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provid grefs reflect a change in the registered office address. I ded in writing of this change.	gree to act e performa led for in C I hereby ca	in this capacity. I further agree to comply with th nee of my duties, and I am familiar with and acce hapter 605, F.S. Or, if this document is being file nfirm that the limited liability company has been	re spt ed
Ahle Mark Williams, AVP_Busine	ees Kilings	Incorporated	

Signature of Registered Agent

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

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