M11000004971

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)835-9477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JIM.MENGE@CSAI.NET

RECEIVED
12 MAR 22 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
CUSTOMER SERVICE ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

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B. BOSTICK
MAR 23 2012
EXAMINER
3/22/2012

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Customer Service Associates, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed *Registered Agent/Registered Office Change and fee(s) are submitted for filing.*

Please return all correspondence concerning this matter to the following:

Mr. Jim Menges
Name of Person

Customer Service Associates, LLC
Firm/Company

24807 East 101st Street
Address

Lees Summit, MO 64086
City/State and Zip Code

Jim.Menges@csa1.net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jim Menges at (816) 246-1843
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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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 608.506, 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. Name of the limited liability company: Customer Service Associates, LLC

2. (a) Principal office address of limited liability company: 4509 Woodland Road

(Note: MUST BE STREET ADDRESS) Lake St Louis, MO 63367

(b) Mailing address of limited liability company: 4509 Woodland Road

(Note: MAY BE POST OFFICE BOX) Lake St Louis, MO 63367

10/03/2011 — 3. Date of filing/registration in Florida

M11000004971 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road, Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)* 515 East Park Avenue, Tallahassee, 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.

Signature of a member or authorized representative of a member

Jim Menges
Printed or typed name of signee

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12 MAR 22 AM 8:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, 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.

by: NRAI Services, Inc. Gwendolyn Andrews
Signature of Registered Agent

Gwendolyn Andrews,
Special Asst. Secretary

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

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