M11000004971

(F	equestor's Name)						
(Address)							
(<i>F</i>	address)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL						
(Business Entity Name)							
(C	Occument Number)						
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
l	Office Use Only						



100263753511

08/27/14--01017--005 **25.00

14 AUG 27 PM 4: 01
SECRETARY OF STATE
SECRETARY OF STATE

APPRUVED AND FILED

TIEMEN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: August 25, 2014

Order#: 261038-007

Re: CUSTOMER SERVICE ASSOCIATES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX __ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.	Na	me of the limited liability company: CUSTOM	ER SERVICE	ASSOCIATI	ES, LLC	
2.	(a)	24807 E 101st Street Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	ncipal office address of limited liability company: Mailing address of limited		Mailing address of limited lia (Note: MAY BE POST Of	
		Lees Summit, MO 64086	- <u></u>			
•		10/03/2011		M1100000		
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	NRAI SERVICES, INC.				
		Registered Agent and Registered Office shown on the reco	rds of the Florida	Dept. of State	:	
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address MUST BE FLORIDA STR	<u>EET ADDRESS</u>	2		
		Plantation	_, FL <u>33324</u>			14 A SEC
	(b)	Corporation Service Company		. <u> </u>		FIL I4 AUG 27 SECRETAR ALLAHASS
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office add	dress:	•	FILED 27 PI TARY O ASSEE,
		1201 Hays Street				<u>_</u> = 1
		NEW Registered Office Address:				4: 01 STATE FLORIDA
		Tallahassee	_, FL <u>32301</u>			
th ag wa	e cha ent v as/we	mited liability company is not organized under the second content of the second content	ess of the regis ted liability co bers of the lim	stered office impany, it is ited liability	and the business office hereby confirmed that company or as otherw	e of the registered the change(s)
			Don	a Priebe, Aı	uthorized Person	
	Signal	ur. of a member of authorized representative of a member			Printed or typed name of sig	gnee
pr th to	ovisi e obl mere	by accept the appointment as registered agent and come on sof all statutes relative to the proper and come igations of my position as registered agent as prily reflect a change in the registered office address in writing of this change.	nd agree to act upleie performe ovided for in C ess, I hereby co	in this cape ance of my c Chapter 605 onfirm that i	ncity. I further agree to Auties, and I am familia , F.S. Or, if this docum the limited liability com	comply with the r with and accept ent is being filed pany has been
Si	gnatu	re of Registered Agent Corporation Service Compa	any BY: G	irace E. Ki	rby, Assistant Vice Pı	resident

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