## M12000001286

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DATE:

07-17-2012

NAME:

**EZ PAY BUILDINGS 6 LLC** 

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$25

**RETURN:** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL/HOTGI

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.	Naı	ne of the limited liability company:	EZ PAY BUILDINGS 6, LLC		
2. (	(a)	Principal office address of limited liability comp	pany: 2148 E Eagle Pass		
		(Note: MUST BE STREET ADDRESS)	Wooster, OH 44691		
(	(b)	Mailing address of limited liability company:	2148 E Eagle Pass		
		(Note: MAY BE POST OFFICE BOX)	Wooster, OH 44691		
		March 6, 2012	M12000001286		
<b>3</b> . ]	Dat	e of filing/registration in Florida	4. Document number		
5.	(a)	on the records of the Florida Dept. of State:			
		Registered Agent:	Incorp Services, Inc.		
		Registered Office Address:	17888 67TH COURT NORTH		
			LOXAHATCHEE, Florida 33470		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		NEW Registered Agent:	National Corporate Research, Ltd., Inc.		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		155 Office Plaza Drive		
			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					
Prin	ted o	r 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the pritted liability company has been notified in writing of this change.					
Sign	Signature of Registered Agent Mark Thomas, Assistant Secretary				
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				