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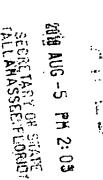
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COVER LETTER

	COVER	LLITER		
TO: Registration Section Division of Corporations				
SUBJECT: Ershco, LLC			75.5	
Nar	ne of Limited I	Liability Company	18 A	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.	200	
Please return all correspondence concerning the	nis matter to the	e following:		
Tonya Littlepage				
Name of Person				
Ershco, LLC				
Firm/Company				
1800 N Elm St				
Address				
Henderson, KY 42420				
City/State and Zip Code				
tlittlepage@ershigpropert	ies.com			
E-mail address: (to be used for future an		ification)		
For further information concerning this matter	r, please call:			
Tonya Littlepage	at (270	, 826-0595		
Name of Person	ur (Area Code & Daytime Teleph	one Number	
STREET/COURIER ADDRESS:	N	IAILING ADDRESS:		
Registration Section	R	Registration Section		
Division of Corporations	D	Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	T	allahassee, Florida 32314		
Enclosed is a check for the following	g amount:			
\$25 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.

l. Na	me of the limited liability company: Ershco, L	LC		
2. (a)		(ъ)	
(, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1800 N Elm St		1800	N Elm St
	Henderson, KY 42420	- -	Hender	rson, KY 42420
	03/19/2012		M1200	0001573
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a)	Ershig, Penny M			
J. (4)	Registered Agent and Registered Office shown on the records of the	he Flori	ia Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRFS		<u> </u>
	1261 Waggle Way	DUKLS	ম	TANK BE
		2444		
	Naples , FL	3410	J8 ———	HAR
· (b)	Registered Agents Inc.			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
	7901 4th St N			2: 03 FLORIO
	NEW Registered Office Address:			_
	STE 300			_
	St. Petersburg ,FL	3370	2	_
the cha agent w was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or, the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree	the regibility of the limited Do	gistered officompany, it mited liabil liability coon R Ersh	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. ig Printed or typed name of signee pacity. I further agree to comply with the
provisi the obl to mere	ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have also this change. Bill Havre - Assistant	perfori l for in iereby	nance of mi Chapter 60 confirm tha	v duties, ånd I am Jamiliar with and accep 15, F.S. Or, if this document is being filed It the limited liability company has been

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

Signature of Registered Agent