

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
NABI PARTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 01 2015

S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NABI PARTS, 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:

CHRISTY DAVIDSON

Name of Person

NABI PARTS, LLC

Firm/Company

711 Kenagham Avenue

Address

Winnipeg, Manitoba Canada R2C 3T4

City/State and Zip Code

christy\_davidson@newflyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Davidson

at ( 204 )

224-6676

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 (2/14)

FILED  
15 DEC - 1 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: NABI PARTS, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2338 US HIGHWAY 42 SOUTH DELAWARE  
OH 43015-9502

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 11/01/2013 Date of filing/registration in Florida 4. M13000006958 Document number

5. (a) NATIONAL CORPORATE RESEARCH, LTD., INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
115 North Calhoun St. Suite 4  
Tallahassee, FL 32301

(b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

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

Colin Powarchuk, EVP General Counsel

Printed or typed name of signer

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 605, 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: [Signature]  
Signature of Registered Agent

**Michele Miller**  
**Assistant Secretary**

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

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TALLAHASSEE, FLORIDA