

M98000000264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

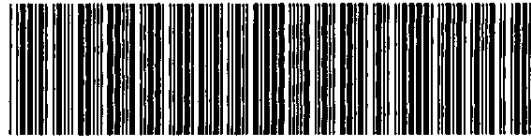
(Document Number)

Certified Copies _____ Certificates of Status _____

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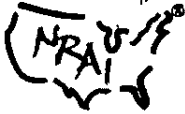
G. MCLEOD
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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

December 9, 2011

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: MonierLifetile LLC (Delaware Domestic)
CHANGE OF AGENT
Order # PS/FL20110715

I now attach the required form to change the agent for the above named company.

I also enclose a check in the payment of your fees.

Please file the attached returning evidence to the undersigned.

If for any reason filing cannot be effected, please let me know by calling our toll free number 877-261-6823 x 1759.

Thanks and best regards,

Peter E. Souza
Vice President/Senior Corporate Specialist

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MonierLifetile 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:

Peter F. Souza
Name of Person

NRAI Corporate Services, LLC
Firm/Company

10100 West Sample Road, Suite 101
Address

Coral Springs, FL 33065
City/State and Zip Code

Helen.Blanchette@boral.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter F. Souza at (877) 261-6823 x 1759
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

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. Name of the limited liability company: MonierLifetile LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

200 Mansell Court East, Suite 310
Roswell, GA 30076

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

200 Mansell Court East, Suite 310
Roswell, GA 30076

03/04/1998

M98000000264

3. Date of filing/registration in Florida

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 S PINE ISLAND RD
PLANTATION, FL 33324-4413

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

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

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

Lynn M. Turner

Printed or 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, I hereby confirm that the limited liability company has been notified in writing of this change.

by:

Peter F. Souza, Assistant Secretary
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00