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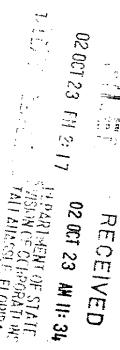
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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CT CORPORATION

October 23, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re: Order #: 5705733 SO Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Management Cleaning Controls, LLC (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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. The name of the lim	nited liability company is:Ma	nagement Cleaning (Controls, LIC .	
2. The mailing address	s of the limited liability company i	is: <u>10101 Linn St</u> a	ation Road	
		Suite 600		
		Louisville, K	v 40223	
3. Date of filing/regist	ration in Florida	4. Document numb		
04/21/1999		м99000000592		
Florida Department	istered agent and the registered of of State:	lice address as shown on	the records of the	
•	CT Corporation System	1		
	Name			
	660 E. Jefferson Stre	et		
	Address			
	Tallahassee, FL 32301		02	
	City, State an		20	
6. The name and address	ss of the new registered agent and	or office:	9723	
	CT Corporation System	}		
	Name		- T. F.	
	1200 South Pine Islan	id Road	Sign Sign Sign Sign Sign Sign Sign Sign	
	Florida street address (P.O. E	Box NOT acceptable)	78	
	Plantation FL	33324		
	City, State and	Zip		
confirmed that after the and the business office liability company, it is the members of the lim the operating agreemen	ompany is not organized under the change or changes are made, the of the registered agent will be ide hereby confirmed that the change ited liability company or as other to f the limited liability company. horized representative of a member)	Florida street address of intical. Or, in the case of (s) was/were authorized by	the registered office a Florida limited by an affirmative vote of	
n.12. n				
Ruth Broom (Printed or typed name of sign	ee)		· · · · · · · · · · · · · · · · · · ·	
I hereby accept the app comply with the provisi and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	pointment as registered agent and ions of all statutes relative to the pand accept the obligations of my in this document is being filed to him that the limited liability compa	agree to act in this capa proper and complete perf position as registered ago nerely reflect a change in uny has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office writing of this change.	
(Signature of Registered Agen		DETAPH!		
			12314	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18(10/99)