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National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

April 5, 2010

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Straight Line Southern Services, Inc.

Statement of Change of Registered Office or Registered Agent or Both for Limited

Liability Company

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned Straight Line Southern Services, Inc., please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Wendi M. Cook

National Registered Agents, Inc.

Enclosure - Check

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ net colonization registered office or registered	nized under the laws of the State	of_Florida
,, , -	r to change its registered office or registe	-	
	he corporation: STRA		ICES, INC.
2. The principal	office address: 1197 S. W GALVIN RD. I	PORT SAINT LUCIE, FL 34953	
3. The mailing a	ddress (if different): 6105 FAIRLANE [DRIVE CLARENCE CENTER,	NY 14032
4. Date of incorp	poration/qualification: 12/15/2000	Document number: P00	000114727
5. The name and	street address of the current registered a tment of State:		
	STEPHEN MATURARI		
	1197 S.W GALVIN RD.		
	PORT SAINT LUCIE, FL 34953	,	2010 APR 12 SECRETARY TALLAHASS
(if changed):	NRAI Services, Inc. 2731 Executive Park Drive,	NAS MARKATAN	12 PH 1: 09 RY OF STATE SSEE FLORID
	(P.O. Box NOT acceptable Weston, FL 33331		<u> </u>
The street addre	ss of its registered office and the street be identical.	address of the business office of	of its registered agent,
Such change was authorized by th	is authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by otified in writing of the change.	an officer so
Jan (Sygnatu	re of director)	(Printed or typed name	and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and ligation of my position as regist ne registered office address, I h	complete performance ered agent. Or, if this ereby confirm that the
Wendy (Sig	mature of Registered Agent)	04-01-10 (Date)	
If signing on be	half of an entity:		

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for	a corporation organ	12, 607.1508, or 617.15 nized under the laws of t ered agent, or both, in t	the State of _F	lorida	-
1. The name of	the corporation:	STRA	IGHT LINE SOUTHER	N SERVICES	S, INC.	
2. The principal	office address: 1197	S. W GALVIN RD.	PORT SAINT LUCIE, F	L 34953		
3. The mailing a	ddress (if different):	6105 FAIRLANE I	DRIVE CLARENCE C	ENTER, NY 1	14032	
4. Date of incorp	oration/qualification	12/15/2000	Document number	er: P00000	114727	
	street address of the timent of State:	current registered a	gent and registered offi	ce on file witl	n the	
	STEPHEN MAT	ΓURARI				
	1197 S.W GAL	√IN RD.			2018 F	
	PORT SAINT L	UCIE, FL 34953			PR I	F
6. The name and (if changed):	street address of the	new registered ager	nt (if changed) and /or r	egistered offic	2010 APR 12 PH 4: 09 SECRETARY OF STATE TALLAHASSEE, FLORID	Ţ
	NRAI Service	s, Inc.			9 09 08/05	
		ve Park Drive,			1 grade	
	Weston, FL	(P.O. Box NOT acceptable 33331				
The street addre	ess of its registered of be identical.	office and the street	address of the busines	s office of its	registered agen	ıt,
			d by its board of direct otified in writing of the			
Hay (Spender	re of all officer or director)		GATY (Printed or	ryped name and to	(le)	-
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as o comply with the p d I am familiar with ng filed merely to re been notified in wr	registered agent an rovisions of all stat and accept the obl flect a change in th iting of this change	nd agree to act in this of utes relative to the pro- ligation of my position to registered office add	capacity. oper and comp as registered lress, I hereb	plete performan l agent. Or, if th y confirm that th	ce iis ie
Wendi	M. Cook	NKAI Ser 	VICAS, INC. 04-01	1-10		_
	nature of Registered Agent)		(Date)		
It signing on be	half of an entity:					

By: Wendi M. Cook - Assistant Secretary

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *