P090000 88659

(Requestor's Name)		
(requestes straine)	"	
(Address)		
(Address)		200269
(City/State/Zip/Phone #)	:	
PICK-UP WAIT MAIL		
		02/10
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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02/10/15--01018--021 **35.00

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February 3, 2015

To Whom It May Concern:

Please file the enclosed Change of Agent Document and return a date stamped copy to my attention. I have enclosed a self-addressed stamped envelope for your convenience. I will also need a receipt for the charges.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 113

Sincerely,

Marina Reel Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302

COVER LETTER

TO;	Amendment Section Division of Corporations
SUBJ	9006-4940 U.S., INC.
S C B C	Name of Corporation
DOCI	P09000088659 JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	MARINA REEL
	Name of Contact Person
	NATIONAL SERVICE INFORMATION, INC.
	Firm/Company
	145 BAKER STREET
	Address
	MARION, OH 43302
	City/State and Zip Code
	MARINA@NSILNET
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
MARI	NA REEL 740 387-6806 EXT 113 at ()
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organized in order to change its registered office or registered	d under the laws of the State of FLORIDA	
1. The name of the corporation: 9006-4940 U.S., INC.		
2. The principal office address: 7271 NE 8th Drive Boca Rator	n, FL 33487	
3. The mailing address (if different): 2900 Center Port Circle,	Pompano Beach, FL 33064	_
4. Date of incorporation/qualification: 10/26/2009	Document number: P09000088659	
5. The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	nt and registered office on file with the	
HIRSCH, MICHAEL HESQ		
650 SE THIRD AVE		
FORT LAUDERDALE, FL 33301		
6. The name and street address of the new registered agent (i (if changed):	if changed) and /or registered office	
NRAI Services, Inc.		
1200 South Pine Island Road	三 5	
P.O. Box NOT acce	eptable English	ľ .=
The street address of its registered office and the street address changed will be identical	lress of the business office of its registered agent	74 C
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified	rits board of directors or by an officer so ed in writing of the change.	
	Printed or typed name and title	
I hereby accept the appointment as registered agent and as I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and acce agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in w.	gree to act in this capacity. S relative to the proper and complete opt the obligation of my position as registered	
By: Whan Services, Inc. Lee	/14/2015	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
MARINA REEL, ASSISTANT SECRETARY Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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