Page 1 of 1

Division of Conferations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

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:

REGISTERED AGENT CHANGE ANDESA SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

C. LEVANO 6 2014

AUG 6 2014

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

8/5/2014

COVER LETTER

TO: An	nendment Section vision of Cor porati ons	
SUBJECT	Andeta Services, Inc.	
SUBJECT	Name of Corporation	on
DOCUME	P40314	
	red Statement of Change of Registered Office/Agent	and fee are submitted for filling.
	im all correspondence concerning this matter to the	
Liegze tern	HIT HIT COrrespondence concerning and market to me a	onowing.
	Joy Schroeder	
	Name of Contact Per	son
	CT/NRAI Houston	
	Firm/Company	
	1021 Main Street, Suite 1150	
	Address	
	Houston, TX 77002	
	City/State and Zip C	ode
	mlittlejohn1959@comcast.net	
	B-mail address: (to be used for future an	mual report notification)
For further	information concerning this matter, please call:	
Joy Schroed		13 332-3793
	Name of Contact Person at (rea Code & Dayilme Telephone Number
Enclosed is	s a \$35.00 check made payable to the Department of	State.
	Malling Address: Amendment Section	Street Address: Amendment Section
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Taliahassee, FL 32314	2661 Executive Center Circle
	•	Tallahassee, FL 32301

CR2E045 (03/12)

14 AUG -5 AM 9: 28

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flortda Statutes, this age is submitted for a corporation organized under the laws of the State of Panasylvania
	r to change its vegistered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Andesa Services, Inc.
2. The principal	office address; 6575 Snowdrift Road, Suite 108, Allentown, PA 18106
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 08/28/1992 Document number: P40314
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Prentice-Hall Corporation System, Inc.
	1201 Hayes St., Suite 105
	Taliahassee, FL 3230)
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	NRAI Services, Inc.
	1200 South Pine Island Road
	P.O. Box NOT-screptable
	Plantation, Florida 33324
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e-board, or the corporation has been notified in writing of the change.
7/1	Mark R. Wilkin, CFO/Secretary/Treasurer
	e of an officer or director fills
I hereby accept I further agree to performance of agent. Or, If the hereby confirm	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I polythe corporation has been notified in writing of this change.
By: NAME	SI 1 2014
If algning on bel	alf of an entity;
Joy Schroeder, A	ast. Secretary
Ty	ped or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)