

PH1069

Florida Department of State
Division of Corporations
Public Access System

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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
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 22 AM 8:39
REG

RECEIVED
2008 JUL 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

UNITED NATIONAL MAINTENANCE, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

RA/Rochg
10/23/08

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Nevada _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: United National Maintenance, Inc.

2. The principal office address: 1550 SOUTH INDIANA AVENUE CHICAGO IL 60603

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/21/1992 Document number: P41069

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY

1201 HAYS ST TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ashley Pipes
(Signature of an officer or director)

Ashley Pipes, Attorney In Fact
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: Ashley Pipes
(Signature of Registered Agent)

7/22/08

(Date)

If signing on behalf of an entity:

Samantha Jones
Assistant Secretary
(Typed or Printed Name)

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

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