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RAKIL





June 7, 2012

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Instrumentation Services, Inc.

Dear Sir or Madam:

Enclosed please the Statement of Change of Registered Office and Agent for Limited Liability Company application for the above mentioned. Also enclosed is the required \$25 filing fee.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Singerely,

Norine Nagel Client Specialist

nnagel@nrai.com

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, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: INSTRUMENTATION SERVICES, INC.
2. The principal 10525-C Gra	l office address:
	address (if different):
4. Date of incor	poration/qualification: 5/20/1997 Document number: P97000045093
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	John L. Tillman, Jr.
	747 Bridgecreek Ct.
	Sanford, FL 32771
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	NRAI Services, Inc.
	515 East Park Avenue, Tallahassee, Florida 32301
	P.O. Box NOT acceptable
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, lbe identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Charles D. Hale, VP and Secretary The of an officer or director Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familian with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change. At Services, Inc.
Sig	mature of Registered Agent Date
If signing on be	chalf of an entity:
Norine Nagel-As	sst. Secretary
T	yped 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