

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.

(((H180003006213)))



H180003006213ABCV

To:			
,	Division of Corporations		
	Fax Number : (850)617-6383		
From:		_	
	Account Name : REGISTERED AGENTS INC Account Number : I20090000081	Ü.	
	Phone : (307)200-2803		3 -
annual	Fax Number : (855)330-1010 email address for this business entity t report mailings. Enter only one email a	to be us	ed for 1 please.*
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Corporate Filing Menu

Electronic Filing Menu

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Help

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	DECYPHER TEC				
	Name of Limited Partnership or Liv	nited Liability L	imited Partnership	,	
2.	12/26/2012	3	A1200000	00979	
Date of filing/registration in Florida			Florida documen	A1200000979 Florida document number	
4. The name of the Department of State	registered agent and the registered	office address a	s shown on the rec	cords of the Florida	
	CORPORATE FILING	S SOLUT <u>IO</u>	NS, LLC		
	Na				
	3030 N. ROCKY POIN	T DRIVE SU	JITE 150A		
	Add	ress			
	TAMPA, I	FL 33607		. =	
	City, Stat	and Zip		. ISU 151	
5. The name and F	forida street address of the new reg	istered agent an	d/or office:	>	
	Registered	Agents Inc.		ġ.	
	Na Na	,		=	
	3030 N. ROCKY POIN Florida street address (P			••	
	TAMPA City, Stat	F] e and Zip	33607		
6. Such change(s)	is/are effective when filed by the F 8 Meador	lorida Departme	ent of State.		
Signature of Gener	al Partner				
comply with the pr	appointment as registered agent a ovisions of all statutes relative to the obligations of my -President -	ie proper and co	mplete performan	further agree to see of my duties.	
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50