

408000074693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

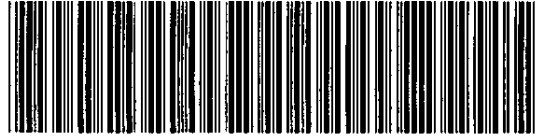
Special Instructions to Filing Officer:

**A. LUNT**

JUN 23 2009

**EXAMINER**

Office Use Only



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04/30/09--01035--005 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 22 AM 10:33

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2009

VINCENT A KOCH  
1818 NE 2ND AVE.  
CAPE CORAL, FL 33909

SUBJECT: PRIORITY DIGITAL SOLUTIONS, LLC  
Ref. Number: L08000074693

We have received your document for PRIORITY DIGITAL SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 809A00019363

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Priority Digital Solutions, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VINCENT A. KOCH  
Name of Person

Priority Digital Solutions, LLC  
Firm/Company

1818 NE 2ND AVE  
Address

CAPE CORAL, FL 33909  
City/State and Zip Code

VINCE@PRIORITY DIGITAL SOLUTIONS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT KOCH at (239) 265-5506  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Priority Digital Solutions, LLC

2. (a) Principal office address of limited liability company: 1818 NE 2ND AVE  
 (Note: **MUST BE STREET ADDRESS**) CAPE CORAL, FL. 33909

(b) Mailing address of limited liability company: P.O. BOX 35  
 (Note: **MAY BE POST OFFICE BOX**) ESTERO, FL. 33929-0035  
8/4/08 LO8000074693

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company  
Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:** Vincent Koch  
**NEW Registered Office Address:** 1818 NE 2ND AVE  
**(MUST BE FLORIDA STREET ADDRESS)** CAPE CORAL

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, I hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Vincent Koch  
Signature of a member or authorized representative of a member

Vincent KOCH  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Vincent Koch  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00