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DEC 3 1 2009

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE : 234127

7739164

AUTHORIZATION

COST LIMIT

ORDER DATE: December 31, 2009

ORDER TIME : 11:05 AM

ORDER NO. : 234127-004

CUSTOMER NO: 7739164

CHANGE OF AGENT

NAME: AUTOMATED RESOURCES GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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.

l,	Naı	me of the limited liability company: AUTOMATED I	RESOURCES GROUP, LLC
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 9950 Business Circle #14 Naples, FL 34112
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Montvale, NJ 07645 Mo7000001450 4. Document number the records of the Florida Dept. of State: 23
0:	3/12/	2007	M07000001450 4. Document number the records of the Florida Dept. of State:
3.	Dat	e of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of St		the records of the Florida Dept. of State:	
		Registered Agent:	Incorp Services, Inc.
		Registered Office Address:	17888 67th Court North Loxahatchee, FL 33470
	(5)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Corporation Service Company 1201 Hays Street
tha of he lia lin	at af fice reby bilit nited	imited liability company is not organized under the ter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company. Here of member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed address of the registered office and the business
(P. Co an F. Co	rinted here mply n fan S. Confirm	or typed name of signee) by accept the appointment as registered agent and a with the provisions of all statutes relative to the prailing with and accept the obligations of my position or, if this document is being filed to merely reflect a matter that the limited liability company has been notified to receive the company of the comp	– agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
Бу	•	re of Registered Agent) Elizabeth A. Dawson, Asst. Vice Preside	

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