

111000001669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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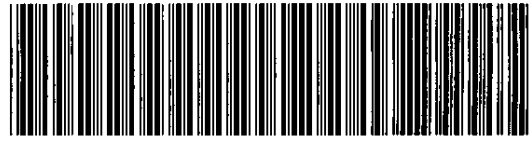
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

OCT -5 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LATITUDE ENERGY SERVICES, 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:

MATTHEW J COHEN  
Name of Person

LATITUDE SOLUTIONS, INC.  
Firm/Company

2595 NW BOCA RATON BLVD, STE 100  
Address

BOCA RATON, FL 33431  
City/State and Zip Code

ngreco@latitudesolutions.net  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NANCY GRECO at ( 561 ) 417-0644  
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

**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: LATITUDE ENERGY SERVICES, LLC

2. (a) Principal office address of limited liability company: 2595 NW BOCA RATON BLVD

**(Note: MUST BE STREET ADDRESS)**

SUITE 100  
BOCA RATON, FL 33431

(b) Mailing address of limited liability company:

SAME AS ABOVE

**(Note: MAY BE POST OFFICE BOX)**

04/01/2011

3. Date of filing/registration in Florida

M11000001669

4. Document number

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

Registered Agent:

MATTHEW J COHEN

Registered Office Address:

190 NW SPANISH RIVER BLVD  
SUITE 101  
BOCA RATON, FL 33431

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

**NEW Registered Agent:**

MATTHEW J COHEN

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

2595 NW BOCA RATON BLVD  
SUITE 100  
BOCA RATON, FL 33431


If the limited liability company is not organized under the laws of the State of Florida, it is 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.

  
Signature of a member or authorized representative of a member

MATTHEW J COHEN

Printed or typed name of signer

*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.*

  
Signature of Registered Agent

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

**FILED**  
OCT-4 AM 11:49  
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TALLAHASSEE, FLORIDA