## M1100000000008

. (	Requestor's Name)	)
٠		
(	Address)	
(	Address)	
	City/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
<u> </u>		
(	Business Entity Na	ime)
. (	Document Number	7)
Certified Copies	Certificate	se of Statue
Certified Copies	Certificate	
Special Instructions	to Filina Officer:	
	gg	

Office Use Only



900240425679

12 OCI 25 AM 9: 3 SECRETARY OF STA

19:32 DEPA

DEPARTMENT OF STATE

D. BRUCE

OCT 26 2012

**EXAMINER** 



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 385521 7905215

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: October 18, 2012

ORDER TIME : 4:36 PM

ORDER NO. : 385521-004

CUSTOMER NO: 7905215

## CHANGE OF AGENT

NAME:

MANAGED BUSINESS SOLUTIONS

SYSTEMS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY XX \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

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.

1. Name of the limited liability company: MANAGED BUSINESS SOLUTIONS SYSTEMS, LLC

2. (a) Principal office address of limited liability company: 12325 Oracle Blvd

(Note: MUST BE STREET ADDRESS)

Colorado Springs, CO-80921

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

[Ste 205]

Colorado Springs, CO-80921

Colorado Springs, CO-80921

12/15/2011

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:

CT Corporation System

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324 US

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

F1. 32301

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)

Maureen Cathell, Authorized Person (Printed or typed name of signee)

Registered Office Address:

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.

By: (Signature of Registered Medit) Corporation Service Company Sylvia Queppet, Asst. Vice President

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