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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE MANAGED BUSINESS SOLUTIONS SYSTEMS, LLC

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OCT 2 2 2013

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.	Nar	ne of the limited liability company: Managed Busine	ss Solutions Systems, LLC	
2.	(a) Principal office address of limited liability company: 12325 Oracle Blvd., Stc. 205 (Note: MUST BE STREET ADDRESS) Colorado Springs CO 80921			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	12325 Oracle Blvd., Ste. 205 Colorado Springs CO 80921	
12	/15/2	011	M11000006268	
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	State:
		Registered Agent:	Corporation Service Company	
		Registered Office Address:	Tallahassee, FL 3230)	
	<i>(</i> L)	Para	· 三元	2
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		NEW Registered Agent:	C T Corporation System	
NEW Registered Office Address:		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road ORD F	
			Plantation ,FL	33324
co an lia the	nfind the bilite me	limited liability company is not organized under the med that after the change or changes are made, the le business office of the registered agent will be iderly company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwerating agreement of the limited liability company.	Florida street address of the registere stical. Or, in the case of a Florida lin s) was/were authorized by an affirma	ed office mited ative vote of
		McCroy or typed name of signee		
В	y:	re of Registered Agent As	sistant Secretary	er agree to my duties, ded for in red office 's change.
		Division of Corporations, P.O. Box 6 FILING FEE:		

INHS18 (05/08)