## 604000093114

(Requestor's Name)				
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PICK-UP	WAIT MAIL			
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Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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SECRETARY OF STATE

T. CLINE
MAY 10 2012
EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUB	JECT:	Minotaur Name of Limit	Managen			
Dear	Sir or Madam:		·			
The c	enclosed Registered Agent/R	egistered Office	Change and	fee(s) are submitted	for filing.	
Pleas	e return all correspondence o	concerning this	matter to the	following:		
	Heidi Tay					
	Name of Perso	n				
	Pathfinder Business S Firm/Company					
	10305 102nd	Геггасе				
	Address				2012 BAY -8 SECRETARY TALLAHASSE	چ
<del></del>	Sebastian, FL				HAS HAS	
	City/State and Zip		_		SEE SEE	0.000
$\bigcap$	eil. gordon @	merck	. Com		AM IQ. 08 OF STATE E. FLORID!	11
	-mail address: (to be used for future a					٠
For fi	orther information concerning	g this matter, pl	ease call:		Pri S	
	Heidi Taylor	at (	772)	228-777	7	
	Name of Person		Area	Code & Daytime Telephone	Number	
	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314		
Enclosed is a check for the following amo			ount:		the a smooth for tas	AU.
	\$25 Filing Fee		\$55 Fi	ling Fee & Certified	Copying Foe	
INHS18	3 (5/08)					

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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.

45th, 21 001/1 11 11/0 01/1/0 0/ 2 10/ /			
Name of the limited liability company:	Minotaur Management, LLC		
2. (a) Principal office address of limited liability comp	pany:		
(Note: MUST BE STREET ADDRESS)	6 Cartwright Dr. West Windsor, NJ 08550		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	PO Box 220 Princeton Junction, NJ 08550		
12/23/2004	L04000093114		
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:	Andrew Miles PRE		
Registered Office Address:	2120 58th Ave Suite 159 Vero Beach, FL 32966		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	*************************************		
NEW Registered Agent:	Pathfinder Business Strategips 1.C		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10305 102nd Terrace		
	Sebastian ,FL 32958		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealility company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited sets) was/were authorized by an affirmative vote therwise provided in the articles of organization		
NEIL GORDON, MEMBER			
Printed or typed name of signee  I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. for if this document is being filed to address Libereby confirm that the limited liability comp	ARTECON AND A THE CONTRACT OF		
Signature of Registered Agent	Agrent Post (197		
Division of Corporations, P.O. Box FILING FEE	c 6327, Tallahassee, FL 32314 Division of Corporation		

INHS18 (05/08)

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