## M0900002355

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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 ALLAHASSEE, FLORID,

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MAR - 7 2013 T. **HAMPTON** 



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 040018 7700412

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 4, 2014

ORDER TIME : 10:18 AM

ORDER NO. : 040018-005

CUSTOMER NO: 7700412

## CHANGE OF AGENT

NAME: COMVEST FTI SAC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_



March 6, 2014

CSC SUSIE KNIGHT RESUBMIT
Please give original
submission date as file date.

SUBJECT: COMVEST FTI SAC, LLC

Ref. Number: M09000002355

We have received your document for COMVEST FTI SAC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 614A00004901

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

. Name of the limited liability company: Comvest FTI SAC, LLC		
<ol> <li>(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)</li> </ol>	525 Okeechobee Blvd, Suite 1050 West Palm Beach, FL 33401	
(b) Mailing address of limited liability company:	400 Rinehart Road	
(Note: MAY BE POST OFFICE BOX)	1000 Lake Mary, FL 32746	
06/19/2009	M090000002355	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	1200 Pine Island Rd Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	<del>-</del>	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Cecilio M. Rodriguez, CFO	orida street address of the egisteral office cal. Or, in the case of a florida limited was/were authorized by an affirmative vorce provided in the articles of organization of	
Printed or typed name of signee	· 26	
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pro and I am familiar with and accept the obligations of my po- Chapter 605, F.S. Or, if this document is being filed to men address, Thereby confirm that the limited liability company	~,	
By She & Kn II	Sue G. Knight	
Signature of Registered Agent Corporation Service Company	Assistant Vice President	
Division of Corporations, P.O. Box 63:	27, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (12/13)