Note: Please print this page and use It as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 3XLOGIC FLORIDA LLC

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3XLogic Florida 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:
Mary Castillo
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd, Suite 300
Address
Austin, TX 78744
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo
Name of Person Area Code & Daytime Telephone Num
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

▶5129570210

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

i Na	me of the limited liability company: 3XLogic F	Florida LLC	
	12000 RESEARCH PARKWAY		
2. (a)	Principal office address of limited liability company:	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)	
	ORLANDO, FL 32826	SUITE 290	
		WESTMINSTER, CO 80234	
	4/29/2014	M14000002914	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	CORPORATION SERVICE C	OMPANY	
` '	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:	
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET AD		
		SEP SE	
	TALLAHASSEE E S	32301 <u>i jaj</u>	, 5
	TALLATAGOLL		T
/La	Registered Agent Solutions, I	Inc.	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Dffice address:	
		କି ପୂମ	
	155 Office Plaza Dr.	````	
	NEW Registered Office Address:		
	Suite A		
	Tallahassee _{FL} 3	32301	
		must the Steen of Elevide, it is baroby confirmed that after	
the cho	inge or changes are made, the Florida street address of the	s of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered	
gaent v	will be identical. On in the case of a Florida limited liab	bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in	
the art	icles of organization or the operating agreement of the li	limited liability company.	
	leggan Ehret	Meggan Ehret Authorized Pers	on
	iture of a member or authorized representative of a member	Printed or typed name of signce	
provis the ob- to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change. Mackenzie Hart, Asst. Secretary	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed tereby confirm that the limited liability company has been	
	are of Registered Agent		