

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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.

(((H15000252876 3)))



H150002528763ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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: _____

**REGISTERED AGENT CHANGE
KLEOS MANAGED SERVICES, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

15 OCT 22 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 22 A 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. KLEOS MANAGED SERVICES, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/27/2013 3. B13000000276
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FL 32301-2525

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation, FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Michael Caramico
Signature of General Partner

Michael Caramico

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.

Debbie Diaz
Signature of Registered Agent

Debbie Diaz
Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
2015 OCT 22 A 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA